FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087777 3 COMMITTEE NAME **OFFICE USE ONLY** Family Empowerment Coalition PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 341027 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Cabell NAME NICKNAME LAST **SUFFIX** Hobbs STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd STREET **ADDRESS** Bldg E-100 (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 277-6095 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Family Empowermer	nt Coalition PAC		00087777	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Olcott State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	455,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	304.27
	4. TOTAL POLITICA	L EXPENDITURES	\$	185,138.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	510,996.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Cahal	l Hobbs	
			mpaign Treasurer	
		J.g	1-3-3	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said	, ti	his the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer a	administering oath

FORM GPAC ADDENDUM

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						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Family Empowerment C	coalition PAC			00087777	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Liz Case State Representative	l	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Hillary Hickland State Represer	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Timary Friokland State Represen	nativo	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janis Holt State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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						_
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Family Empowerment C	Coalition PAC				00087777	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jack Reynolds S	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Chris Spencer S	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		·	•		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Alan Schoolcraft	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM GPAC ADDENDUM

Page 5 of 18

12 (COMMITTEE NAME				13 Filer ID (Ethics Commission Filers	3)
_	Family Empowerment C	coalition PAC			00087777	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joanne Shofner S	State Representative	
-	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Marc LaHood Sta	te Representative	
-	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stormy Bradley S	tate Representative	
-	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

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						Fage 0 01 10
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Family Empowerment C	Coalition PAC				00087777	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Helen Kerwin	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Shelley Luther	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Katrina Pierson	n State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					7 of 18
17 COMI	MITTE	E NAME	18 Filer ID	(Ethic	s Commission Filers)
Fami	ly Em				
19 SCHE NAME			5	SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	455,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.			\$		
8.		ORGANIZATION	\$		
9.			\$		
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	183,869.57
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,268.50
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 8/18
2	FILER NAME Family Empo	owerment Coalition PAC			3	Filer ID (Ethics Commission Filers) 00087777
4	Date 01/24/2024	5 Full name of contributor Cranberg, Alexis M.6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$) \$75,000.00
		Boston, MA 02205				
8	Principal occu Chairman	pation / Job title (See Instructions)		Employer (See Instructions Aspect Holdings, LLC)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2024 Deason, Darwin Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$70,000.00	
	Deinsinal assu	Dallas, TX 75225-6548		Francis vou (Coo la chu shi a sa		
Principal occupation / Job title (See Instructions) Employer (See Instruction Chairman Deason Capital Service				Deason Capital Services		
	Date 01/24/2024	Full name of contributor Deason, Douglas R. Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$) \$30,000.00
		Dallas, TX 75229-6611				
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Deason Capital Services		
	Date 01/16/2024	Full name of contributor Lumpkins, David Contributor address; City; Sta Houston, TX 77024	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$5,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/19/2024 Middleton, D. Mayes Contributor address; City; State; Zip Code Galveston, TX 77550			Amount of Contribution (\$) \$25,000.00		
	Principal occu Oil & Gas	pation / Job title (See Instructions)		Employer (See Instructions MiddletonOilCompany)	
			1			

	MONETA	RY POLITICAL CONTRIBUTION	N	S		SCHEDULE A1
	The Instructi	on Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 9/18		
2	FILER NAME Family Empower	erment Coalition PAC			3	Filer ID (Ethics Commission Filers) 00087777
4	01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Andrew Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$250,000.00
8	Principal occupat	Austin, TX 78733 tion / Job title (See Instructions)		Employer (See Instructions Trilogy Benefits, Inc.	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
oroun out a tymone	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 10/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
01/01/2024	222 Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,000.00	3303 Perry Ln
Expenditure from corporate funds	Austin, TX 78731
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Government Affairs Consulting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$200.30	1340 Poydras St, Ste 1720
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiantific to benefit 6/61	
Date	Payee name
01/11/2024	Elizabeth Case Pickens Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	209 Lunar View
Expenditure from corporate funds	Tuscola, TX 79562
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense F		ense ges/Contract Labor	Travel in Distric Travel Out of Di OTHER (enter a	
1 Total pages Schedule F1:	2 FILER NAME	<u> </u>	<u> </u>		·	3 Filer ID	(Ethics Commission Filers)
Sch: 2/8 Rpt: 11/18		owerment Coalition	n PAC			00087777	(
4 Date	5 Payee name						
01/09/2024	Harris Medi	a, LLC					
6 Amount (\$)	7 Payee addre	ss; City;	State: 2	Zip Cod	e		
\$9,000.00		er St, Unit PH-1	•	•			
Expenditure from corporate funds	Miami, FL 3	3130					
8 PURPOSE	(a) Category (Se	ee Categories listed at the top	p of this schedu	ule) (b) Description		
OF EXPENDITURE	Advertising	Expense				outside of Texas. Con	
							g expense Contribution to Hillary
Complete ONLY if direct expenditure to benefit C/Ol		ceholder name	Offi	ice soug	ht	Office h	eld
Date	Payee name						
01/09/2024	Harris Medi	a, LLC					
Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	e		
\$9,000.00	66 W Flagle	er St, Unit PH-1					
Expenditure from corporate funds	Miami, FL 3	3130					
PURPOSE OF		ee Categories listed at the top	p of this schedu	ule) (b) Description		
EXPENDITURE	Advertising	Expense			<u> </u>	outside of Texas. Con n, TX, officeholder livin	
					ш		Contribution to Janis Holt
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Offi	ice soug	ht	Office h	eld
Date	Payee name						
01/09/2024	Harris Medi	a, LLC					
Amount (\$)	Payee addre	ss; City;	State; 2	Zip Cod	e		
\$9,000.00	66 W Flagle	er St, Unit PH-1					
Expenditure from corporate funds	Miami, FL 3	3130					
PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedu	ule) (b) Description		
OF EXPENDITURE	Advertising	Expense				outside of Texas. Con n, TX, officeholder livin	
					ш		Contribution to Liz Case
					Campaign	5	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Offi	ice soug	ht	Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 12/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
01/09/2024	Harris Media, LLC
6 Amount (\$) \$9,000.00	7 Payee address; City; State; Zip Code 66 W Flagler St, Unit PH-1
Expenditure from corporate funds	Miami, FL 33130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/11/2024	Jack Reynolds for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	1121 Emerald Leaf Dr.
Expenditure from corporate funds	Azle, TX 76020
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/11/2024	Katrina Pierson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	609 Goliad St., #672
Expenditure from corporate funds	Rockwall, TX 75087
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 13/18	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
01/04/2024	Raconteur Media Company
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 26511
\$7,500.00	PO B0X 20511
Expenditure from corporate funds	Austin, TX 78755
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Advertising: In-kind Contribution to Alan
	Schoolcraft Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2024	Raconteur Media Company
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	PO Box 26511
Expenditure from corporate funds	Austin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Digital Advertising: In-kind Contribution to Chris Spencer Campaign
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2024	Raconteur Media Company
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	PO Box 26511
Expenditure from corporate funds	Austin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Digital Advertising: In-kind Contribution to Joanne Shofner Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Cabadula F1:				
1 Total pages Schedule F1: Sch: 5/8 Rpt: 14/18	2 FILER NAME Family Empowerment Coalition PAC 3 Filer ID (Ethics Commission Filers) 00087777			
4 Date	5 Payee name			
01/04/2024	Raconteur Media Company			
6 Amount (\$)	7 Payee address; City; State; Zip Code PO Box 26511			
\$7,500.00	PO BOX 20011			
Expenditure from corporate funds	Austin, TX 78755			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Digital Advertising: In-kind Contribution to Katrina Pierson Campaign			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
01/04/2024	Raconteur Media Company			
Amount (\$)	Payee address; City; State; Zip Code			
\$375.00	PO Box 26511			
Expenditure from				
corporate funds	Austin, TX 78755			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Web Development/Updates			
	The Development of Parties			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
D-1-				
Date 01/05/2024	Payee name RightSide Compliance			
Amount (\$)	Payee address; City; State; Zip Code			
\$990.00	PO Box 341027			
X Expenditure from corporate funds	Austin, TX 78734			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Compliance Consulting			
	Sompliance Consulting			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (potter a category net listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	THEN (effici a category flot listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ler ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 15/18		0087777
4 Date	5 Payee name	
01/16/2024	Rio Consultants	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7,000.00	1002 East Taylor	
Expenditure from corporate funds	Brownsville, TX 78520	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside to Check if Austin, TX, offi	of Texas. Complete Schedule T.
	Public Affairs Cons	
		3
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
олронаны з не	···	
Date	Payee name	
01/16/2024	Rio Consultants	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	1002 East Taylor	
Expenditure from		
corporate funds	Brownsville, TX 78520	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Check if Austin, TX, offi	of Texas. Complete Schedule T.
	Public Affairs Cons	
		9
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Dayso namo	
01/11/2024	Payee name Schoolcraft for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$10,000.00	142 Royal George Cir.	
Expenditure from corporate funds	McQueeney, TX 78148	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	of Texas. Complete Schedule T.
LXI LIBITORE	Candidate/Officeholder/Political Committee	
	Campaign Contribu	ution
2 1 2 2 1 1 1 1 1		250
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	/ages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/8 Rpt: 16/18	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	
01/11/2024	Shelley Luther Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$10,000.00	587 White Mound Rd.	
Expenditure from corporate funds	Sherman, TX 75090	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
01/09/2024	Topham Guerin LLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$9,000.00	8The Green, Ste B	
ψ9,000.00	orne Green, Ste B	
Expenditure from		
corporate funds	Dover, DE 19901	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Digital Ads/Ad Creation: In-kind Contribution to Helen
		Kerwin Campaign
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiditure to beliefit C/O	л	
Date	Payee name	
01/09/2024	Topham Guerin LLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$9,000.00	8The Green, Ste B	
\$9,000.00	ottle Green, Ste B	
Expenditure from		
corporate funds	Dover, DE 19901	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Digital Ads/Ad Creation: In-kind Contribution to Marc
		LaHood Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co	
<u> </u>	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/8 Rpt: 17/18	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	
01/09/2024	Topham Guerin LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$9,000.00	8The Green, Ste B	
Expenditure from		
corporate funds	Dover, DE 19901	
8 PURPOSE OF		Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Digital Ads/Ad Creation: In-kind Contribution to Shelley Luther Campaign
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
01/09/2024	Topham Guerin LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$9,000.00	8The Green, Ste B	
Expenditure from corporate funds	Dover, DE 19901	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense
		Digital Ads/Ad Creationg: In-kind Contribution to Stormy Bradley Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Since nea
_		
Forms provided by Tayas F	thics Commission www.athics state ty us	Version V3 5 1 9000c47f

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 18/18 Family Empowerment Coalition PAC 00087777 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/15/2024 Aquinas Companies LLC Amount (\$) Payee address; City; State; Zip Code \$1,268.50 PO Box 22500 Expenditure from Houston, TX 77227-2500 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Administrative and Event Planning Services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH