#### 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) 00087031 3 COMMITTEE NAME **OFFICE USE ONLY** MOAK CASEY PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ginger NAME NICKNAME LAST **SUFFIX** Averitt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave STREET **ADDRESS** Ste 250 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave. MAILING **ADDRESS** Ste 250 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 560-4098 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC			000870	031
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judith Zaffirini State Senator		
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,454.15
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Gin	ger Averitt	
		Signature of Ca	mpaign Tre	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath

### FORM GPAC **ADDENDUM**

				Page 3 01 29
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE 1. Candi (Identify by rapplicable, c		Paul Bettencourt State Senator		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measi (Describe by location of enature of iss	date and ection and			
	B. Opposed			
3. Office Assist (Identify by rapplicable, c	ed			
COMMITTEE 1. Candi ACTIVITY (Identify by rapplicable, c		Stan Gerdes State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measi (Describe by location of e nature of iss	date and ection and			
	B. Opposed			
3. Office Assist (Identify by r applicable, c	ed			
COMMITTEE 1. Candi ACTIVITY (Identify by rapplicable, c	''	Ellen Troxclair State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measi (Describe by location of e nature of iss	date and ection and			
	B. Opposed			
3. Office Assist	ed name or, if			
	lassify by party.)			

### FORM GPAC **ADDENDUM**

				Page 4 01 29
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party		Terri Leo-Wilson State Represe	entative	
(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  1. Candidates (Identify by name or, if applicable, classify by party		Mihaela Plesa 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	A. Supported	Carrie Isaac State Representati	ive	
(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	<u>'.]</u>			

### FORM GPAC ADDENDUM

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							1 ago o o 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC					00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carl Tepper S	State Representativ	ve	
	(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	Venton longs	State Representa	ıtivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		venton Jones	State Representa	uive	
		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.)	A. Supported	Mark Dorazio	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.)					

### FORM GPAC ADDENDUM

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					. ago o o: 20
12 COMMITTEE N	AME			13 Filer ID	(Ethics Commission Filers)
MOAK CASE	Y PAC			00087031	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by page 1)	A. Supported Stan Ki	itzman State Represe	entative	
(Attach lists on paper to comple report if necess	ete this	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 page 1)	urty.)			
COMMITTEE	1. Candidates	A. Supported Justin I	Holland State Renres	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by page 1)		ionana State Repres	seriative	
(Attach lists on paper to comple report if necess	ete this	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 p.	orty )			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by page 1)	A. Supported Kronda	Thimesch State Rep	presentative	
(Attach lists on paper to comple report if necess	ete this	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 p.	irty.)			
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### FORM GPAC **ADDENDUM**

						Page 7 01 29
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Diego Bernal	State Representat	ive	
(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	Alma Allen S	tate Representative	2	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Alma Allen S	iale Representative	<del>-</del>	
(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.)		Giovanni Cap	riglione State Rep	resentative	
(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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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Mano DeAyala 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	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull State Representative	9	
(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.)		Christian Manuel State Represe	entative	
(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.)				
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### FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Smithee 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	David Spiller State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		David Spiller State Represente	auvo	
(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	Jeff Leach State Representation	/e	
(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.)				
	1				

### FORM GPAC **ADDENDUM**

		Page 10 01 29
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
MOAK CASEY PAC		00087031
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name or applicable, classify)	r, if	presentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)		
	B. Opposed	
3. Officeholde Assisted (Identify by name or applicable, classify	r, if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name of applicable, classify)	r, if	te Representative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	A. Supported	
	B. Opposed	
Officeholde     Assisted     (Identify by name or applicable, classify	r, if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or applicable, classify)	r, if	esentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	A. Supported	
	B. Opposed	
3. Officeholde Assisted (Identify by name or	r, if	
applicable, classify	by party.)	

### FORM GPAC **ADDENDUM**

		Page 11 01 29
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
MOAK CASEY PAC		00087031
14 COMMITTEE 1. Candidates ACTIVITY (Identify by name or, applicable, classify by	A. Supported Joe Moody State Represer	ntative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date ar location of election a nature of issue.)		
	B. Opposed	
3. Officeholder Assisted (Identify by name or, applicable, classify by	if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, applicable, classify by	A. Supported Ben Bumgarner State Reprint y party.)	resentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date ar location of election a nature of issue.)	A. Supported	
	B. Opposed	
Officeholder     Assisted     (Identify by name or, applicable, classify by)	if	
COMMITTEE ACTIVITY  1. Candidates (Identify by name or, applicable, classify by	A. Supported Jill Dutton State Represent	tative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures     (Describe by date ar location of election a nature of issue.)	A. Supported	
	B. Opposed	
Officeholder     Assisted     (Identify by name or,	if .	
applicable, classify b	y party.)	

## FORM GPAC ADDENDUM

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						1 ago 12 01 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Kuempel 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Jeff Barry State Representative		
	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.)	A. Supported	DeWayne Burns State Represe	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.)				
		1	ı			

## FORM GPAC ADDENDUM

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						1 ago 10 01 20
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson	State Representat	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	1. Candidates	A Supported	Dade Pholon	State Representa	tivo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Daue Prieiari	State Representa	uve	
(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	Glenn Hegar	Comptroller		
(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.)					<del></del>
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### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC ADDENDUM

PURPOSE						ADDENDUM
						Page 14 of 29
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
	Candidates  (Identify by name or, if applicable, classify by party.)		Tom Maynard	State Board Of E	ducation	
(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				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)					

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			15 of 29
17 COMMITT MOAK CA	<b>18</b> Filer ID 00087031	(Ethics Commission Filers)	
19 SCHEDUL NAME OF		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 500.00
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 CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 30,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	<b>\$</b> 138.47
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/1 Rpt: 16/29
2	FILER NAME MOAK CASI				3	Filer ID (Ethics Commission Filers) 00087031
4	Date 01/30/2024  5 Full name of contributor out-of-state PAC (ID#:) Kulbeth, Lauren  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
8	Principal occu	Midland, TX 79705  upation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
	PBEC Direc			MoakCasey, LLC		

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

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: 1/12 Rpt: 17/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/05/2024	Allen, Alma
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3401 Louisiana Ste 250
Expenditure from corporate funds	Houston, TX 77002
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2024	Barry, Jeff
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	PO Box 21
Expenditure from	
corporate funds	Pearland, TX 77588
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Compulate ONLY if divest	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Bernal, Diego
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	P.O. Box 15677
- Evnanditura from	
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
3p 223 to 20 0/0/	

#### 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
Legal Services

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

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Fravel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 2/12 Rpt: 18/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/06/2024	Bettencourt, Paul
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
Expenditure from corporate funds	Houston, TX 77046
	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Bumgarner, Ben
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5150 Kensington Court
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	To.
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contributions
	Campaigh Continuations
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
	, and the second
02/07/2024	Burns, DeWayne
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	703 Stonelake Drive
Expenditure from corporate funds	Cleburne, TX 76033
PURPOSE	I
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Carnaidate/Officeriolder/Political Committee  Campaign Contribution
	Sampaigh Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to beliefft C/OI	1

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 3/12 Rpt: 19/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/05/2024	Capriglione, Giovanni
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO BOX 92007
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	DeAyala, Mano
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Lane #416
Expenditure from	
corporate funds	Houston, TX 77024
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contributions
	Campaign continuations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/07/2024	Dorazio, Mark
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 461341
Expenditure from	
corporate funds	San Antonio, TX 78246
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>'</del>

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services Salaries/W		e /Contract Labor		OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to cor	mple	ete this form.			
1	Total pages Schedule F1:	2			3		Filer ID (Ethics Commission File	ers)
	Sch: 4/12 Rpt: 20/29		MOAK CASEY PAC				00087031	
4	Date	5	Payee name					
	02/05/2024		Dutton, Jill					
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de				
	\$500.00		411 VZCR 4503					
	· · · · · · · · · · · · · · · · · ·							
	Expenditure from corporate funds		Ben Wheeler, TX 75754					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By		<b>=</b>		e of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee		Campaign Cont		officeholder living expense	
					Campaign Com			
9	Complete ONLY if direct	<u> </u>	Landidate/Officeholder name Office sou	aht			Office held	
	expenditure to benefit C/OI		and soul	9			Cilide Held	
	Date		Payee name					
	02/05/2024		Gerdes, Stan					
	Amount (\$)		Payee address; City; State; Zip Coo	de				
	\$500.00		PO BOX 1060					
	Expenditure from corporate funds		SMITHVILLE, TX 78957					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By		<b>=</b>		e of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee		ш		officeholder living expense	
					Campaign Cont	ui	DUUOTIS	
	Complete ONLY if direct	<u> </u>	tandidate/Officeholder name Office sout	aht			Office held	
	expenditure to benefit C/OI		andidate/Officerolder name Office sout	grit			Office field	
	Data	1						
	Date		Payee name					
	02/06/2024		Hegar, Glenn					
	Amount (\$)		Payee address; City; State; Zip Co	de				
	\$1,000.00		P.O. Box 1008					
_	T Expenditure from							
L	corporate funds		Katy, TX 77492					
	PURPOSE OF	(a)	, (,	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By				e of Texas. Complete Schedule T.  officeholder living expense	
			Candidate/Officeholder/Political Committee		Campaign Cont			
	Complete ONLY if direct	Ц,	Landidate/Officeholder name Office sou	aht			Office held	
	expenditure to benefit C/OI		31100 000	J •				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 5/12 Rpt: 21/29	MOAK CASEY PAC 00087031
	l.
4 Date	5 Payee name
01/30/2024	Holland, Justin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3021 Ridge Rd. Ste. A Box 79
Expenditure from	Rockwall, TX 75032
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuations
O Compulate ONLY if diseast	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 19231
42,000.00	
Expenditure from	Hauster TV 77004
corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuutions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
02/07/2024	Isaac, Carrie
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	100 Commons Road #7-125
Ψ000.00	100 Gaillians (Cad III 120
Expenditure from	Bitain Outro TV 7000
corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 6/12 Rpt: 22/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
01/30/2024	Jones, Venton
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	707 Vermont Avenue
Expenditure from corporate funds	Dallas, TX 75216
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Kitzman, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 553
Expenditure from corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
02/05/2024	Kuempel, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 177
Expenditure from corporate funds	Seguin, TX 78156
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 7/12 Rpt: 23/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/05/2024	Lalani, Suleman
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 6514
Expenditure from	W TV 77005
corporate funds	Houston, TX 77265
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Leach, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 866186
Expenditure from corporate funds	Plano, TX 75086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/07/2024	Leo-Wilson, Terri
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	305 21st Street Ste 241
Expenditure from corporate funds	Galveston, TX 77550
PURPOSE	I ma
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
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 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 Travel in District

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: 8/12 Rpt: 24/29	MOAK CASEY PAC 00087031
	l .
4 Date	5 Payee name
02/05/2024	Manuel, Christian
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3801 Turtle Creek Drive
Expenditure from	Port Arthur, TX 77642
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/05/2024	Martinez-Fischer, Trey
	· ·
Amount (\$)	
\$1,000.00	104 Babcock Suite 107
Expenditure from	
corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Data	Davis asses
Date	Payee name
02/06/2024	Maynard, Tom
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 625
Expenditure from corporate funds	Florence, TX 76527
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

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: 9/12 Rpt: 25/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/05/2024	Moody, Joe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	921 Via Descanso
Expenditure from corporate funds	El Paso, TX 79912
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
O Commission ONLY if dispose	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/15/2024	Phelan, Dade
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 848
Expenditure from	
corporate funds	Nederland, TX 77627
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/30/2024	Plesa, Mihaela
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 796311
Expenditure from corporate funds	Dallas, TX 75248
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.
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I 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: 10/12 Rpt: 26/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/05/2024	Smith, Reggie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	300 N Travis St
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
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Smithee, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	320 S. Polk Ste 920
, –,	
Expenditure from corporate funds	Amarillo, TX 79101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Spiller, David
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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			ng Expe es/Wa	ense ges/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)	
	Credit Card F dyment		The Instruction Guide explains how to	com	plete this form.				
1	Total pages Schedule F1: Sch: 11/12 Rpt: 27/29	2	FILER NAME MOAK CASEY PAC		3		Filer ID 00087031	(Ethics Commission Filers)	
4	Date 02/07/2024		Payee name Tepper, Carl						
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip PO Box 94534	Code	e				
	Expenditure from corporate funds		Lubbock, TX 79493						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(I	b) Description Check if travel outs Check if Austin, TX Campaign Cont	Χ,	officeholder living	•	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sough	ht		Office he	eld	
	Date 01/30/2024		Payee name Thimesch, Kronda						
	Amount (\$) \$500.00		Payee address; City; State; Zip 1301 Justin Road STE 201-310	Code	e				
	Expenditure from corporate funds		Lewisville, TX 75077						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(I	b) Description Check if travel outs Check if Austin, TX Campaign Cont	Χ,	officeholder living	•	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sough	nt		Office he	eld	
	Date 02/07/2024		Payee name Troxclair, Ellen						
	Amount (\$) \$500.00		Payee address; City; State; Zip 701 HWY 281, Suite H #196	Code	e				
	Expenditure from corporate funds		Marble Falls, TX 78654						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(1	b) Description  Check if travel outs  Check if Austin, TX  Campaign Cont	Χ,	officeholder living	•	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	sough	ht		Office he	eld	
_									

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

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: 12/12 Rpt: 28/29	MOAK CASEY PAC 00087031
4 Date	5 Payee name
02/07/2024	Wilson, Terry
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2302
Expenditure from corporate funds	Georgetown, TX 78627
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.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2024	Zaffirini, Judith
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 627
Expenditure from corporate funds	Laredo, TX 78042
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.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
2 1 2 2 3 3 4 5 7	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

NON-POLITICAL EXPENDITURES  MADE FROM POLITICAL CONTRIBUTIONS										
	The Instruction Guide explains how to complete this form.									
Total pages Schedule I:     Sch: 1/1 Rpt:	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031								
4 Date 02/06/2024	5 Payee name Wells Fargo									
6 Amount (\$)  138.47  Expenditure from	7 Payee Address; City; State; Zip PO Box 6995									
corporate funds  8 PURPOSE OF EXPENDITURE	Portland, OR 97228  (a) Category (See instructions for examples of acceptable categories) Order Checks  (b) Description Order Check	(See instructions regarding type of information required.)								
	<u>I</u>									