

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088178		2 Total pages filed: 30		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI	ELECTRONICALLY FILED 02/26/2024	
	NICKNAME Liz	LAST Case Pickens	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED	Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024	Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
Received information after we had filed the previous report. Upon being made aware, we updated the report and have reported.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Elizabeth A. Case Pickens

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088178	2 Total pages filed: 30			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI	OFFICE USE ONLY		
	NICKNAME Liz	LAST Case Pickens	SUFFIX		Date Received ELECTRONICALLY FILED 02/26/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 209 Lunar View Tuscola, TX 79562			Date Hand-delivered or Date Postmarked		
				Receipt #		
				Amount		
				Date Processed		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Rebecca	MI MI			
	NICKNAME	LAST Gingrich	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 270 Sundance Abilene, TX 79602					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(760)	703-8531				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		01/26/2024		THROUGH		02/24/2024
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024			ELECTION TYPE		
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
			<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 71		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Case Pickens, Elizabeth A. (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00088178

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Family Empowerment Coalition PAC
	COMMITTEE ADDRESS	P.O. BOX 341027
		AUSTIN, TX 78734
	COMMITTEE CAMPAIGN TREASURER NAME	HOBBS, CABELL
	COMMITTEE CAMPAIGN TREASURER ADDRESS	PO Box 341027
		Austin, TX 78734

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 283,180.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 222,975.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 116,220.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 150,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Elizabeth A. Case Pickens

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00088178
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,821.25
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 270,359.48
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 219,975.53
6. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3,000.00
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 114.54

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 5/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, John <hr/> 6 Contributor address; City; State; Zip Code Anson, TX 79501	7 Amount of Contribution (\$) \$208.65
8 Principal occupation / Job title (See Instructions) President - EC Tool & Supply		9 Employer (See Instructions) President - EC Tool & Supply
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besse, Paul <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Besse Management
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Brad (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER, THEDA <hr/> Contributor address; City; State; Zip Code BUFFALO GAP, TX 79508	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatfield, Bob <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 6/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs, Stacy <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Core, Edna <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, C Bruce <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joe <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Beverly <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) executive assistant		Employer (See Instructions) Big Country Casa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickens, Mona <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Dennis <hr/> Contributor address; City; State; Zip Code Las Cruces, NM 88011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frush, Sheila <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GASTINEAU, PAUL <hr/> Contributor address; City; State; Zip Code MAGNOLIA, TX 77355	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehler, Nicholas <hr/> Contributor address; City; State; Zip Code MERKEL, TX 79536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 8/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gingrich, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARTMANN, DIANA <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79602	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Beverly <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Beverly <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANSSENS, JOE <hr/> Contributor address; City; State; Zip Code CROSSPLAINS, TX 76443	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kidd, James <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) business manager		9 Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, HARRIETTE <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leverton, Robert <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Cardiologist		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCALISTER, TOM <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79608	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, THOMAS <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRISON, NANCY <hr/> 6 Contributor address; City; State; Zip Code TUSCOLA, TX 79562	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattingly-Clouse, Teresa <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monroe, Elbert <hr/> Contributor address; City; State; Zip Code Tuscola, TX 79562	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Debbie <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nauert, Leigh <hr/> Contributor address; City; State; Zip Code Stamford, TX 79553	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 11/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Bannon, Glen <hr/> 6 Contributor address; City; State; Zip Code Glendale, AZ 85302	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cyndie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Cyndie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Helen <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self employed
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULLIMAN, JAMES <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 12/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULLIMAN, JAMES	7 Amount of Contribution (\$) \$104.48
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Gloria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75227	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Right to Life - PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas United for a conservative majority	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Victoria, TX 77901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thistlethwaite, Barry	Amount of Contribution (\$) \$26.35
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 13/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walling, John <hr/> Contributor address; City; State; Zip Code Cisco, TX 76437	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Cary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Charlotte <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired school teacher		Employer (See Instructions) retired school teacher
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Julia <hr/> Contributor address; City; State; Zip Code CROSSPLAINS, TX 76443	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 14/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, David <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) self employed
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ohlhausen, winston <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) farmer		Employer (See Instructions) farmer
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ohlhausen, winston <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) farmer		Employer (See Instructions) farmer
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) osborne, donald <hr/> Contributor address; City; State; Zip Code Buffalo Gap, TX 79508	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) osborne, donald <hr/> Contributor address; City; State; Zip Code Buffalo Gap, TX 79508	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/5 Rpt: 15/30	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUFFALO GAP NEWSPAPER	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description \$300 DISCOUNT OFF \$686 3 COLUMNS FULL PAGE AD
	7 Contributor address; City; State; Zip Code BUFFALO GAP, TX 79508	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bengs, Eric	Amount of contribution (\$) \$65.00	In-kind contribution description Cost of Gun Show Booth Rental
	Contributor address; City; State; Zip Code Abilene, TX 79603	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired School Teacher		Employer (FOR NON-JUDICIAL) (See instructions) retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN, PICKENS	Amount of contribution (\$) \$100.00	In-kind contribution description STORING OF CAMPAIGN MATERIALS
	Contributor address; City; State; Zip Code TUSCOLA, TX 79562	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED		Employer (FOR NON-JUDICIAL) (See instructions) RETIRED	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/5 Rpt: 16/30	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition - PAC	8 Amount of contribution (\$) \$6,250.00	9 In-kind contribution description Digital Advertising
7 Contributor address; City; State; Zip Code Austin, TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Empowerment Coalition - PAC	Amount of contribution (\$) \$4,000.00	In-kind contribution description Digital Advertising
Contributor address; City; State; Zip Code Austin, TX 78734		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, ryan	Amount of contribution (\$) \$47.09	In-kind contribution description paid for printing of event flyers
Contributor address; City; State; Zip Code Abilene, TX 79601		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) realtor		Employer (FOR NON-JUDICIAL) (See instructions) self employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/5 Rpt: 17/30	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/20/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$203,354.00	9 In-kind contribution description ADVERTISING
	7 Contributor address; City; State; Zip Code AUSTIN, TX 78767		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$351.37	In-kind contribution description TEXTING
	Contributor address; City; State; Zip Code AUSTIN, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	Amount of contribution (\$) \$48,979.60	In-kind contribution description DIGITAL
	Contributor address; City; State; Zip Code AUSTIN, TX 78767		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/5 Rpt: 18/30	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INTUIT MAILCHIMP	8 Amount of contribution (\$) \$247.00	9 In-kind contribution description AI POWERED MKTG TOOL - 1ST MONTH TRIAL FREE
	7 Contributor address; City; State; Zip Code aTLANTA, GA 30308	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick , Fogle	Amount of contribution (\$) \$5,000.00	In-kind contribution description assist with FaceBook mgmt, email distribution and video
	Contributor address; City; State; Zip Code Abilene, TX 79603	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Media Consultant/ Licensed Professional Counselor		Employer (FOR NON-JUDICIAL) (See instructions) self employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Sanders (CEO)	Amount of contribution (\$) \$60.00	In-kind contribution description provided free bumper stickers and and car signs
	Contributor address; City; State; Zip Code Abilene, TX 79606	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO		Employer (FOR NON-JUDICIAL) (See instructions) VISTA FLAGS	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/5 Rpt: 19/30	
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/24/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans For Dan Patrick	8 Amount of contribution (\$) \$1,530.54	9 In-kind contribution description Campaign Endorsement Text Message
	7 Contributor address; City; State; Zip Code Houston, TX 77046	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yong, Lui	Amount of contribution (\$) \$74.88	In-kind contribution description Cost of mailing thank you cards
	Contributor address; City; State; Zip Code Plano, TX 75093	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) technical		Employer (FOR NON-JUDICIAL) (See instructions) Texas Instruments	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 20/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/16/2024	5 Payee name ADVANTAGE, INC.	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 9420 BONITA BEACH RD. SE SUITE 200 BONITA SPRINGS, FL 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN TOOL FOR BLOCK WALKING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2024	Payee name Anedot Inc.	
Amount (\$) \$537.78	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SOFTWARE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name BUFFALO GAP NEWSPAPER	
Amount (\$) \$386.00	Payee address; City; State; Zip Code 201 MESQUITE ST ABILENE, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUBMITTED AD FOR PUBLICATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 21/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
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4 Date 02/23/2024	5 Payee name CHARLES, BYRN
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6 Amount (\$) \$95.23	7 Payee address; City; State; Zip Code 5157 YELLOWSTONE TRAIL ABILENE, TX 79602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MISC SUPPLIES/FOOD FOR MEET N GREET
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name GRIFFIN COMMUNICATIONS, INC.
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FEBRUARY CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name GRIFFIN COMMUNICATIONS, INC.
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Amount (\$) \$3,907.81	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXT MESSAGES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 22/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
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4 Date 02/01/2024	5 Payee name GRIFFIN COMMUNICATIONS, INC.
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6 Amount (\$) \$28,050.02	7 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name GRIFFIN COMMUNICATIONS, INC.
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Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMERCIAL - CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name GRIFFIN COMMUNICATIONS, INC.
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Amount (\$) \$42,314.00	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV AD AND BROADCAST
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/9 Rpt: 23/30	2	FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088178	
4	Date 02/09/2024	5	Payee name GRIFFIN COMMUNICATIONS, INC.			
6	Amount (\$) \$28,050.02	7	Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS/PUSH CARDS			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/15/2024		Payee name GRIFFIN COMMUNICATIONS, INC.			
	Amount (\$) \$28,050.02		Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/20/2024		Payee name GRIFFIN COMMUNICATIONS, INC.			
	Amount (\$) \$9,984.75		Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/9 Rpt: 24/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4	Date 02/22/2024	5 Payee name GRIFFIN COMMUNICATIONS, INC.	
6	Amount (\$) \$28,050.02	7 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 02/23/2024	Candidate/Officeholder name Office sought Office held	
	Amount (\$) \$14,025.01	Payee name GRIFFIN COMMUNICATIONS, INC. Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 02/24/2024	Candidate/Officeholder name Office sought Office held	
	Amount (\$) \$28,050.02	Payee name GRIFFIN COMMUNICATIONS, INC. Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 25/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 02/17/2024	5 Payee name MESQUITE EVENT CENTER	
6 Amount (\$) \$156.00	7 Payee address; City; State; Zip Code 201 MESQUITE ST ABILENE, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ROOM RENTAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2024	Payee name OFFICE DEPOT	
Amount (\$) \$88.00	Payee address; City; State; Zip Code 4141 BUFFALO GAP RD ABILENE, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLYERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name SIGN UP GENIOUS	
Amount (\$) \$11.99	Payee address; City; State; Zip Code 13777 BALLANTYNE CORPORATE PLACE, SUITE 500 CHARLOTTE, NC 28277	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE APP FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 26/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/28/2024	5 Payee name VISTA FLAGS	
6 Amount (\$) \$285.78	7 Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name VISTA FLAGS	
Amount (\$) \$86.60	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name VISTA FLAGS	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 27/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
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4 Date 02/04/2024	5 Payee name VISTA FLAGS
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6 Amount (\$) \$480.63	7 Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name VISTA FLAGS
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Amount (\$) \$144.00	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name VISTA FLAGS
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Amount (\$) \$155.88	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 28/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
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4 Date 02/21/2024	5 Payee name VISTA FLAGS
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6 Amount (\$) \$155.88	7 Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/28/2024	Payee name WALGREENS
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Amount (\$) \$25.34	Payee address; City; State; Zip Code 5201 BUFFALO GAP RD ABILENE, TX 79606
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING OF FLYERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 29/30	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 02/24/2024	6 Payee name GRIFFIN COMMUNICATIONS, INC.	
7 Amount (\$) \$3,000.00	8 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accrued February Consulting Expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 30/30
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 01/31/2024	5 Name of person from whom amount is received Abilene Teachers Federal Credit Union	8 Amount (\$) \$114.54
	6 Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608	
	7 Purpose for which amount is received interest earned on bank acct	<input type="checkbox"/> Check if political contribution returned to filer