CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

00088178 30 Date Metched 3 CANDIDATE / OFFICEHOLDER MS / MRS / MR FIRST MI ELECTRONICALLY FILED 0028178 SUFFIX Use Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) Recept if Amount 30th day before election 15th day after campaign reasurer appointment (dificabidier only) Date Imaged Date Imaged 5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year 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. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, and all applicable statements: I swear, or affirm, that the onlying report. I swear or affirm that the onlying report. V
OFFICEHOLDER NAME Mrs. Elizabeth A. Display and the second of the
NAME Mills Elizabeth A. 02/26/2024 NICKNAME LAST SUFFIX Date Hand delivered or Date Postmarked 4 ORIGINAL Image: Case Pickens Date Hand delivered or Date Postmarked 4 ORIGINAL Image: Case Pickens Date Hand delivered or Date Postmarked 4 ORIGINAL PERIOD Image: Case Pickens Date Inand delivered or Date Postmarked 3 ORIGINAL PERIOD Image: Composition on the postmarket (inficibulate only) Date Inandet delivered or Date Postmarket 5 ORIGINAL PERIOD Month Day Year Date Inandet 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. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.<
Liz Case Pickens Date Hand delivered or Date Postmarked 4 REGINAL REPORT TYPE January 15 Prunoff Other (specify) July 15 Exceeded modified reporting limit Heceipt # Amount July 15 Ish day before election Ish day defore campaign treasurer OCOVERED Date Processed 5 ORIGINAL PERIOD Month Day Year Date Imaged 01/26/2024 THROUGH 02/24/2024 Date Imaged 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. Iswear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT Iswear, 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: Iswear, 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. Image: Semiannual reports: Iswear, or affirm that 1 am fling this corrected report not later than the 14th business day after the date learned that the report as originally lide is inaccurate or incomplete. I swear, or affirm, that any error or originally
4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) July 15 Exceeded modified reporting limit Receipt # Amount July 15 Esceeded modified reporting limit Receipt # Amount July 15 Esceeded modified reporting limit Receipt # Amount July 15 Esceeded modified reporting limit Receipt # Amount Sth day before election Final Report (Attach C/OH-FR) Date Processed 5 ORIGINAL PERIOD COVERED Month Day Year Date 6 EXPLANATION OF CORRECTION Received information after we had filed the previous report. Upon being made aware, we updated the report and have reported. 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. I Other reports: I swear, or affirm, that 1 am filing this corrected report as originally filed is inaccurate or incomplete. I swear, or affirm, that any eror or orisosion in the re
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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
Quere to and subscribed before me, by the solid
Sworn to and subscribed before me, by the said day of, this the day, 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
Forms provided by Texas Ethics Commission www.ethics.state.tx.us V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00088178		 Total pages fil 3 	led: 30
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	Mrs.	Elizabeth A.				
NAME	NICKNAME	LAST		SUFFIX	Date Received ELECTRONICA 02/26/2024	ALLY FILED
	Liz	Case Pickens		30111		
		Case Pickens				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	209 Lunar View				Receipt #	Amount
Change of Address	Tuscola, TX 79562					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Rebecca				
	NICKNAME	LAST		SUFFIX		
		Gingrich				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	270 Sundance					
(Residence or Business)	Abilene, TX 79602					
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER	(760) 703-8531					
PHONE	(100) 100 0001					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after car	mpaign treasurer
					appointment (offic	ceholder only)
	July 15	X 8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE	=		ELECTION TYPE		
	Month Day Ye		Primary	Runoff	Other	
	03/05/2024					
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District 71	
		GO 1	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Versi	ion V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 30

13 C / OH NAME	Case Pickens, Elizab	eth A. (Mrs.)	14 Filer ID (00088178	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Family Empowerment Coalition PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	P.O. BOX 341027			
		AUSTIN, TX 78734			
		COMMITTEE CAMPAIGN TREASURER NAME			
		HOBBS, CABELL			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		PO Box 341027			
		Austin, TX 78734		-	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 10.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 283,180.73	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 116,220.71	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 150,000.00	
17 AFFIDAVIT	•			•	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mrs. Eliza	beth A. Case Picker	าร	
		Signature of	Candidate or Officehol	der	
	TARY STAMP / SEAL AB(
		aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath	
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47	

SUBTOTALS - C/OH					FORM C/OH SHEET PG 3 4 of 30
	ER NAN se Pick	ME kens, Elizabeth A. (Mrs.)	19 Filer ID 00088178	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,821.25
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	270,359.48
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	219,975.53
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,000.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	114.54

The Instru	ation Cuido ovaloino hourto coma	lata this form	1 Total pages Schedule A1:	
	ction Guide explains how to comp		Sch: 1/10 Rpt: 5/30	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Case Picken	s, Elizabeth A. (Mrs.)		00088178	
4 Date	—	ate PAC (ID#:)	7 Amount of Contribution (\$)	000 65
02/03/2024			 Φ2	208.65
	6 Contributor address; City; State; Zip Coc	le		
	Anson, TX 79501			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
President - E	EC Tool & Supply	President - EC Tool &	& Supply	
Date	Full name of contributor 🛛 out-of-st	ate PAC (ID#:)	Amount of Contribution (\$)	
02/22/2024	Besse, Paul		\$	\$50.00
	Contributor address; City; State; Zip Coc	le		
	Cypress, TX 77433			
-	pation / Job title (See Instructions)	Employer (See Instructio	ons)	
owner		Besse Management		
Date		ate PAC (ID#:)	Amount of Contribution (\$)	
02/20/2024	Butler, Brad (Dr.)		\$1	.04.48
	Contributor address; City; State; Zip Coc	le		
	Abilene, TX 79602			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction		
PHYSICIAN				
Date	Full name of contributor out-of-st	ate PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024	CARPENTER, THEDA	μιε ΓΑΟ (ID#)		200.00
	Contributor address; City; State; Zip Coc	le		
	BUFFALO GAP, TX 79508			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
business ow	ner			
Date	Full name of contributor 🔲 out-of-st	ate PAC (ID#:)	Amount of Contribution (\$)	
02/21/2024	Chatfield, Bob		\$	\$10.00
	Contributor address; City; State; Zip Coc	le		
	Abilene, TX 79602			
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instruction retired	ons)	
		reureo		

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 7/30	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Case Picker	ns, Elizabeth A. (Mrs.)		00088178	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/06/2024	Dickens, Mona		\$	50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78217			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2024	Fernandez, Dennis		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Las Cruces, NM 88011		-	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/27/2024	Frush, Sheila		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Abilana TV 70602			
Dringing occu	Abilene, TX 79602 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Pilicipai occu		Employer (See Instructions))	
Date		<u> </u>	the second of Constribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024	GASTINEAU, PAUL		ΦΖ	200.00
	Contributor address; City; State; Zip Code			
	MAGNOLIA, TX 77355			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
retired)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
02/01/2024	Gehler, Nicholas	/		100.00
02,02,202	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	MERKEL, TX 79536			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions))	
retired	· · · · ·	retired	, ,	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 8/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ns, Elizabeth A. (Mrs.)			00088178	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/07/2024	Gingrich, Rebecca				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79602				
		upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	02/16/2024	HARTMANN, DIANA				\$500.00
		Contributor address; City; State; Zip Code				
		ABILENE, TX 79602				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		_
	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	02/11/2024	Hunt, Beverly				\$52.40
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/21/2024	Hunt, Beverly				\$100.00
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79606	1	L		
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	02/01/2024	JANSSENS, JOE				\$100.00
		Contributor address; City; State; Zip Code				
		CROSSPLAINS, TX 76443				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/10 Rpt: 9/30	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	ns, Elizabeth A. (Mrs.)		00088178	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/14/2024	Kidd, James			\$104.48
	6 Contributor address; City; State; Zip Code			
	- · · ·			
	Abilene, TX 79602			
-	upation / Job title (See Instructions)	9 Employer (See Instructions))	
business ma	anager			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024	LEWIS, HARRIETTE		-	\$50.00
	Contributor address, City, State, Zip Code			
	Abilene, TX 79605			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
retired)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/20/2024	Leverton, Robert			\$104.48
	Contributor address; City; State; Zip Code			
	Abilene, TX 79606			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Cardiologist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/16/2024	MCALISTER, TOM			\$100.00
	Contributor address; City; State; Zip Code			T -
	Contributor address, City, State, Zip Code			
	ABILENE, TX 79608			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Entrepreneu)	
•				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024	MILLER, THOMAS			\$20.00
	Contributor address; City; State; Zip Code			
	SAN ANTONIO, TX 78249			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/10 Rpt: 10/30	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	s, Elizabeth A. (Mrs.)		00088178	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/13/2024	MORRISON, NANCY			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	TUSCOLA, TX 79562			
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/26/2024	Mattingly-Clouse, Teresa			\$5.52
	Contributor address; City; State; Zip Code			
	Abilene, TX 79605			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
02/14/2024	Monroe, Elbert			\$26.35
	Contributor address; City; State; Zip Code		•	.
	Tuscola, TX 79562			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
retired	•	retired		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
02/20/2024	Moore, Debbie	/		\$50.00
02,20,202	Contributor address; City; State; Zip Code			<i>400.01</i>
	Contributor address, City, State, Zip Code			
	Fairview, TX 75069			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Business Ow			<i>'</i>	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
01/30/2024	Nauert, Leigh	/		\$104.48
01/00/2027	-			Ψ107.70
	Contributor address; City; State; Zip Code			
	Stamford, TX 79553			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			<i>')</i>	

т	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 7/10 Rpt: 11/30	
2 F	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ns, Elizabeth A. (Mrs.)			00088178	
4 D	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
0)2/21/2024	O'Bannon, Glen				\$33.33
		6 Contributor address; City; State; Zip Code		"		
		Glendale, AZ 85302				
	rincipal occu etired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	S)		
				-		
	Date		t:)		Amount of Contribution (\$)	÷
U)2/05/2024	Phillips, Cyndie				\$104.48
		Contributor address; City; State; Zip Code				
		Magnolia, TX 77354				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>م)</u>		
	etired		retired	3)		
		Full name of contributor out-of-state PAC (ID#		1	Amount of Contribution (\$)	
	Date)2/07/2024	Full name of contributor Out-of-state PAC (ID# Phillips, Cyndie	:)		Amount of Contribution (\$)	\$104.48
0	12/11/2024					Φ 104.40
		Contributor address; City; State; Zip Code				
		Magnolia, TX 77354				
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
re	etired		retired			
	Date	Full name of contributor out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
0)2/05/2024	Preston, Helen				\$26.35
		Contributor address; City; State; Zip Code		.		
		Abilene, TX 79606				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
a	artist		self employed			
D	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
0)2/16/2024	SULLIMAN, JAMES				\$100.00
		Contributor address; City; State; Zip Code		"		
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
р	hysician					
1						

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 8/10 Rpt: 12/30	
2	FILER NAME			_	Filer ID (Ethics Commissio	on Filers)
_		ns, Elizabeth A. (Mrs.)			00088178	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/20/2024	SULLIMAN, JAMES				\$104.48
		6 Contributor address; City; State; Zip Code]		
		1				
		Abilene, TX 79601				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
_	physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/20/2024					\$25.00
		Contributor address; City; State; Zip Code]		
		1				
		Dellas TV 75997				
<u> </u>	Dringing oog	Dallas, TX 75227				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (\$)	
	02/21/2024	Full name of contributor out-of-state PAC (ID#: Texas Right to Life - PAC)		Amount of Contribution (\$)	\$1,000.00
	0212112024			·		Φ1,000.00
		Continuation address, City, State, Zip Code				
		1				
		Bellaire, TX 77401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	02/01/2024	Texas United for a conservative majority				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		1				
L		Victoria, TX 77901	1			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
L			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	+00 OF
	01/27/2024	Thistlethwaite, Barry				\$26.35
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75238				
<u> </u>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	1 1110/pai 0011			5)		
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 13/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
_		ns, Elizabeth A. (Mrs.)			00088178	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/05/2024	Thompson, Phyllis				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79602				
8	Principal occu	ncipal occupation / Job title (See Instructions) 9 Employer (See Instruction		5)		
	RETIRED		RETIRED			
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	Walling, John	,		, and an extended the (,	\$100.00
	021121202.	-		ł		Ψ100.00
		Contributor address; City; State; Zip Code				
		Cisco, TX 76437				
	Dringingl goog	l	Employer (Soo Instructions	-)		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/11/2024	Watson, Cary			\$10	\$100.00
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79602				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/05/2024	Wells, Charlotte				\$100.00
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired schoo		retired school teacher			
-	Date	Full name of contributor Out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	02/01/2024	Wheeler, Julia	/			\$300.00
	02/01/2027			ł		ψυυυ.υυ
		Contributor address; City; State; Zip Code				
		CROSSPLAINS, TX 76443				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 14/30
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Case Picken	ns, Elizabeth A. (Mrs.)		00088178
4 Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID#: Wilson, David)	7 Amount of Contribution (\$) \$26.3
0210212027			ψ20.0
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79606		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
self employe	.d	self employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/16/2024	ohlhausen, winston		\$104.4
	Contributor address; City; State; Zip Code		
	Abilene, TX 79606		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
farmer		farmer	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/16/2024	ohlhausen, winston		\$104.4
	Contributor address; City; State; Zip Code		
	Abilene, TX 79606		
	pation / Job title (See Instructions)	Employer (See Instructions	
farmer		farmer	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/15/2024	osborne, donald		\$104.4
	Contributor address; City; State; Zip Code		
	Buffalo Gap, TX 79508		
	pation / Job title (See Instructions)	Employer (See Instructions)
retired		retired	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/16/2024	osborne, donald		\$100.0
	Contributor address; City; State; Zip Code		
	Buffalo Gap, TX 79508		
-	pation / Job title (See Instructions)	Employer (See Instructions	<i>)</i>)
retired		retired	

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/5 Rpt: 16/30		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Case Pickens, Elizabeth A. (Mrs.)			00088178		
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 01/30/2024			 8 Amount of 9 In-kind contribution contribution (\$) description \$6,250.00 I Digital Advertising 		
	Austin, TX 78734		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
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 contributo	r'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)	Amount of In-kind contribution contribution (\$) \$4,000.00 I Digital Advertising		
	Austin, TX 78734		Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) Co		Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (ır'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 out-of-state PAC (ID#: Goodwin, ryan Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$47.09 paid for printing of event flyers		
	Abilene, TX 79601		Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) realtor		Employer (FOR NON 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 contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

			1 Total pages Cabadula A2	
The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/5 Rpt: 17/30		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Case Pickens, Elizabeth A. (Mrs.)			00088178	
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
02/20/2024	Greg Abbott Campaign		contribution (\$) description \$203,354.00 ADVERTISING	
	7 Contributor address; City; State; Zip Code			
10 Dringing age	AUSTIN, TX 78767 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
10 Principal occu		II 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 contribute	r's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of In-kind contribution	
02/07/2024	Greg Abbott Campaign		contribution (\$) description \$351.37 I TEXTING	
	Contributor address; City; State; Zip Code			
	AUSTIN, TX 78767		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / 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)	
Contributors				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)	
	······································			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of In-kind contribution	
02/22/2024	Greg Abbott Campaign	/	contribution (\$) description	
	Contributor address; City; State; Zip Code		\$48,979.60 I DIGITAL	
			I	
	AUSTIN, TX 78767		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / 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 contributo	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instru	ction Guide explains how to complete this f	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 CONTRIB	UTIONS	\$		
5 Date 02/22/2024	 Full name of contributor)	8 Amount of 9 In-kind contribution contribution (\$) description \$247.001AI POWERED MKTG TOOL - 1ST MONTH TRIAL FREE		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. 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			n'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 out-of-state PAC (ID#: Patrick , Fogle Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$5,000.00 assist with FaceBook mgmt, email distribution and video		
	Abilene, TX 79603		Check if travel outside of Texas. Complete Schedule T.		
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)		
	sultant/ Licensed Professional Counselor	self employed	If employed ontributor's job title (FOR JUDICIAL) (See instructions)		
Continuator S	principal occupation (FOR JUDICIAL)		(FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			ontributor'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 out-of-state PAC (ID#: Rich, Sanders (CEO) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$60.00 provided free bumper stickers and and car signs		
	Abilene, TX 79606		Check if travel outside of Texas. Complete Schedule T.		
		Employer (FOR NON 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 contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics (Commission Filers)
-	Sch: 1/9 Rpt: 20/30	-		- ns, Elizabeth	A. (Mrs.)				ľ	00088178	(,
4	Date	5	Payee name									
	02/16/2024		ADVANTA									
6	Amount (\$) \$60.00	7	SUITE 200	ss; City; TA BEACH RI PRINGS, FL 7	D. SE	; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Consulting	ee Categories listed Expense	at the top of this sch	nedule)			, TX,	de of Texas. Con officeholder livin OL FOR BL	, g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	0	Office sou	ight			Office h	eld	
	Date		Payee name									
	02/24/2024		Anedot Inc.									
_	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$537.78		1340 Poydi Suite 1770 New Orlear	ras Street		•						
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Fees	ee Categories listed	at the top of this sch	iedule)			, TX,	de of Texas. Con officeholder living FTWARE FI	g expense	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ight			Office h	eld	
	Date		Payee name									
	02/18/2024		2	GAP NEWSP	APER							
	Amount (\$) \$386.00		Payee addre 201 MESQ	-	State	; Zip Cc	ode					
			ABILENE,	FX 79601								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Advertising	ee Categories listed Expense	at the top of this sch	nedule)			, TX,	de of Texas. Con officeholder living OFOR PUB	g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ight			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 2/9 Rpt: 21/30		Case Pickens, Elizabeth A. (Mrs.)				00088178		
4	Date	5	Payee name						
	02/23/2024		CHARLES, BYRN						
6	Amount (\$)	7	Payee address; City; State; Zip	Code	9				
	\$95.23		5157 YELLOWSTONE TRAIL						
			ABILENE, TX 79602						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k) Description				
	OF EXPENDITURE		Event Expense				de of Texas. Complete Schedule T.		
							officeholder living expense S/FOOD FOR MEET N GREET		
9	Complete ONLY if direct		Candidate/Officeholder name Office s	sough	it		Office held		
	expenditure to benefit C/OI	-							
	Date		Payee name						
	01/31/2024		GRIFFIN COMMUNICATIONS, INC.						
	Amount (\$)		Payee address; City; State; Zip	Code	9				
	\$3,000.00		7111 Harvest Trail Drive						
			Austin, TX 78736						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k) Description				
	OF EXPENDITURE		Consulting Expense				de of Texas. Complete Schedule T.		
					FEBRUARY	CU	NSOLTING		
_	Complete ONLY if direct	L(Candidate/Officeholder name Office s	sough	nt		Office held		
	expenditure to benefit C/OI	H		0					
	Date		Payee name						
	01/31/2024		GRIFFIN COMMUNICATIONS, INC.						
	Amount (\$)		Payee address; City; State; Zip	Code	9				
	\$3,907.81		7111 Harvest Trail Drive						
			Austin, TX 78736	_					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(k) Description				
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. officeholder living expense		
					TEXT MESS				
							-		
-	Complete ONLY if direct	L(Candidate/Officeholder name Office s	souar	it		Office held		
	expenditure to benefit C/OI			- 5					
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/9 Rpt: 22/30		Case Pickens, Elizabeth A. (Mrs	.)					00088178	
4	Date	5	Payee name							
	02/01/2024		GRIFFIN COMMUNICATIONS, II	NC.						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$28,050.02		7111 Harvest Trail Drive							
			Austin, TX 78736							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Desc	ription			
	OF EXPENDITURE		Advertising Expense							plete Schedule T.
	-						ERS	, TX,	officeholder living	j expense
						MAIL				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	lht			Office he	əld
⊨	Date		Payee name							
	02/06/2024		GRIFFIN COMMUNICATIONS, II	NC						
_			-		710 000	10				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	ie				
	\$3,500.00		7111 Harvest Trail Drive							
			Austin, TX 78736							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Desc	•			
	EXPENDITURE		Consulting Expense						officeholder living	plete Schedule T.
									001001	
_	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Iht			Office he	eld
	Date		Payee name							
	02/06/2024		GRIFFIN COMMUNICATIONS, II	NC.						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le				
	\$42,314.00		7111 Harvest Trail Drive							
			Austin, TX 78736							
	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)	(b) Desc	•			
	EXPENDITURE		Advertising Expense						de of Texas. Com officeholder living	plete Schedule T.
										Jexpense
						1 V /-				
_	Complete ONLV if direct	Ļ	andidato/Officabaldar name		Office cours	uht			Office	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	liit			Office he	eiu
	•									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					nead/Rental Expense ense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
-	Sch: 4/9 Rpt: 23/30	[Case Pickens, Eliza	beth A. (Mrs.)				00088178
4	Date	5	Payee name				I	
	02/09/2024		GRIFFIN COMMUN	IICATIONS, INC.				
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Cod	e		
	\$28,050.02		7111 Harvest Trail [Drive				
			Austin, TX 78736					
8	PURPOSE	(a)	Category (See Categorie	es listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
								a, officeholder living expense
						MAILERS/PU	125	H CARDS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder	name C	Office soug	ht		Office held
⊨	Date		Payee name					
	02/15/2024		GRIFFIN COMMUN	ILCATIONS INC				
					Zin Cod			
	Amount (\$)				Zip Cod	e		
	\$28,050.02		7111 Harvest Trail I	Jrive				
			Austin, TX 78736					
	PURPOSE OF		Category (See Categorie		edule)	b) Description		
	EXPENDITURE		Advertising Expense	9				ide of Texas. Complete Schedule T. 4. officeholder living expense
						MAILERS	, 17,	, onceroider iving expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder	name C	Office soug	ht		Office held
-	Date	Г	Payee name					
	02/20/2024		GRIFFIN COMMUN	IICATIONS, INC.				
-	Amount (\$)				Zip Cod	٩		
	\$9,984.75		7111 Harvest Trail [-	210 000	0		
	\$3,504.10							
			Austin, TX 78736					
	PURPOSE OF		Category (See Categorie		edule)	b) Description		
	EXPENDITURE		Advertising Expense	9				ide of Texas. Complete Schedule T. 3. officeholder living expense
						DIGITAL AD		
-	Complete ONLY if direct		Candidate/Officeholder	name C	Office soug	ht		Office held
	expenditure to benefit C/OI				0			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 5/9 Rpt: 24/30		Case Pickens, Elizabeth A. (Mrs.)					00088178	
4	Date 02/22/2024	5	Payee name GRIFFIN COMMUNICATIONS, INC	C.					
6	Amount (\$) \$28,050.02	7	Payee address; City; S 7111 Harvest Trail Drive Austin, TX 78736	tate; Zip C	Code				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Advertising Expense	s schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
	02/23/2024		GRIFFIN COMMUNICATIONS, INC	C.					
	Amount (\$)		Payee address; City; Si	tate; Zip C	Code				
	\$14,025.01		7111 Harvest Trail Drive Austin, TX 78736						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Advertising Expense	s schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
	02/24/2024		GRIFFIN COMMUNICATIONS, INC	C.					
	Amount (\$) \$28,050.02		Payee address; City; S 7111 Harvest Trail Drive	tate; Zip C	Code				
			Austin, TX 78736						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Advertising Expense	s schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 6/9 Rpt: 25/30	Case Pickens, Elizabeth A. (Mrs.)	00088178					
4	Date 02/17/2024	Payee name MESQUITE EVENT CENTER						
6	Amount (\$) \$156.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ROOM RENTAL							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/10/2024	OFFICE DEPOT						
	Amount (\$) \$88.00	Payee address; City; State; Zip Code 4141 BUFFALO GAP RD Image: Content of the state of th						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/14/2024	SIGN UP GENIOUS						
	Amount (\$) \$11.99	Payee address; City; State; Zip Code 13777 BALLANTYNE CORPORATE PLACE, SUITE 500						
		CHARLOTTE, NC 28277						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense APP FEE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/9 Rpt: 26/30	Case Pickens, Elizabeth A. (Mrs.)	00088178					
4	Date 01/28/2024	Payee name VISTA FLAGS						
6	Amount (\$) \$285.78	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601 ABILENE, TX 79601						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/30/2024	VISTA FLAGS						
	Amount (\$) \$86.60	Payee address; City; State; Zip Code 4834 Derrick Dr						
		ABILENE, TX 79601						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/01/2024	VISTA FLAGS						
	Amount (\$) \$324.75	Payee address;City;State;Zip Code4834 Derrick Dr						
		ABILENE, TX 79601						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Git/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 8/9 Rpt: 27/30	Case Pickens, Elizabeth A. (Mrs.)	00088178					
4	Date 02/04/2024	Payee name VISTA FLAGS						
6	Amount (\$) \$480.63	Payee address; City; State; Zip Code 4834 Derrick Dr ABILENE, TX 79601						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2024	VISTA FLAGS						
	Amount (\$) \$144.00	Payee address; City; State; Zip Code 4834 Derrick Dr						
		ABILENE, TX 79601						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/16/2024	VISTA FLAGS						
	Amount (\$) \$155.88	Payee address;City;State;Zip Code4834 Derrick Dr						
		ABILENE, TX 79601						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
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 UNITEM	ZED 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	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ruary Consulting Expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 30/30
2	FILER NAME			3	Filer ID	D (Ethics Commission Filers)
	Case Picken	s,	Elizabeth A. (Mrs.)		00088	3178
4	Date	5	Name of person from whom amount is received	I		8 Amount (\$)
	01/31/2024		Abilene Teachers Federal Credit Union			\$114.54
		6	Address of person from whom amount is received; City; State; Zip Code			
			Abilene, TX 79608			
		7		Check if politi	cal cont	ribution returned to filer
			interest earned on bank acct			