FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00087031 20 Date Received COMMITTEE MOAK CASEY PAC **ELECTRONICALLY FILED** NAME 05/02/2024 TREASURER Averitt, Ginger (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 01/01/2024 01/25/2024 **EXPLANATION OF CORRECTION** A contribution listed on Schedule A-1 was moved to Schedule C-3. Also, the amount reported on Cover Sheet page 2, box 15, line 5 has been updated. 8 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. Ms. Ginger Averitt Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087031 3 COMMITTEE NAME **OFFICE USE ONLY** MOAK CASEY PAC Date Received **ELECTRONICALLY FILED** 05/02/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ginger NAME NICKNAME LAST **SUFFIX** Averitt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave STREET **ADDRESS** Ste 250 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave. MAILING **ADDRESS** Ste 250 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 560-4098 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jarvis Johnson State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	18,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	57,092.62
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforunder Title 15, Election Code.		
		Ms. Gin	ger Averitt	
		Signature of Ca	ımpaign Treasur	er
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

FORM GPAC ADDENDUM

Page 4 of 20

						1 age 1 el 2e
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnson State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	DeWayne Burns State Represe	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Deviagne Bans Glate Represe	nauve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Drew Darby State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC **ADDENDUM**

						Page 5 of 20
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hubert Vo	State Representa	utive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dustin Bur	rows State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		ı				

FORM GPAC ADDENDUM

Page 6 of 20

							1 490 0 01 20
12 COMMITTE	E NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CA	SEY PAC					00087031	
14 COMMITTE ACTIVITY	Ξ	1. Candidates (Identify by name or, if applicable, classify by party.)		Ernest Bailes St	ate Representat	ive	
(Attach lists paper to cor report if nec	nplete this		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTE	E.	1. Candidates	A. Supported	Gary VanDeaver	State Renrese	ntative	
ACTIVITY		(Identify by name or, if applicable, classify by party.)			Ctato : top: ooc		
(Attach lists paper to cor report if nec	nplete this		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTE ACTIVITY	Ē	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ken King State	Representative		
(Attach lists paper to cor report if nec	nplete this		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
			<u> </u>				

FORM GPAC ADDENDUM

Page 7 of 20

COMMITTEE NAME MOAK CASEY PAC				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					,
				00087031	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Frederick Frazier State Represe	entative	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner State Representation	ve	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Glenn Rogers State Representa	ative	
Attach lists on plain paper to complete this peport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY Attach lists on plain report if necessary.) COMMITTEE C	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (CTIVITY Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Committee (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Committee (Identify by name or, if applicable and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) A Supported Cole Hefner State Representative definition of the cole of applicable, classify by party.) B. Opposed 3. Officeholders (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Opposed 4. Supported Glenn Rogers State Representative definition and part to complete this eport if necessary.) 4. Supported Glenn Rogers State Representative definition and part to complete this eport if necessary. 5. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Bentify by name or, if applicable, classify by party.) B. Opposed	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Defenity by many or, if applicable, dessely by party). COMMITTEE (CTIVITY Attach lists on plain aper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted B. Opposed COMMITTEE (Citruity 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (destrib) by many or, if applicable, dessely by party.) COMMITTEE (Citruity 3. Officeholders Assisted (destrib) by many or, if applicable, dessely by party.) COMMITTEE (Citruity 4. Candidates (destrib) by many or, if applicable, dessely by party.) COMMITTEE (Citruity 5. Opposed 6. Opposed 6. Opposed 7. Supported Glenn Rogers State Representative (destrib) by many or, if applicable, dessely by party.) 6. Opposed 7. Supported 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 8. Opposed 9. Measures (Describe by date and location of election and nature of issue.) 8. Opposed 9. Opposed 1. Candidates (destrib) by many or, if applicable, dessely by party.) 8. Opposed

FORM GPAC ADDENDUM

Page 8 of 20

						1 ago o o: 20
12 COMMITTEE NAME				13	Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson State	e Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
A OTIV (IT) (1. Candidates	A. Supported	Briscoe Cain State Re	epresentative		
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hatch Smith State Re	epresentative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

FORM GPAC **ADDENDUM**

		Page 9 01 20
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
MOAK CASEY PAC		00087031
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p	A. Supported Sam Harless State Represent	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by p	party.)	
COMMITTEE 1. Candidates ACTIVITY (Identify by name or, if applicable, classify by p	A. Supported Liz Campos State Representa	tive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by p		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by p	A. Supported Trent Ashby State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders Assisted (Identify by name or, if		
applicable, classify by p		

FORM GPAC **ADDENDUM**

L. Candidates Identify by name or, if upplicable, classify by party.)	A. Supported	_		13 Filer ID 00087031	(Ethics Commission Filers)
Identify by name or, if	A. Supported			1 00087031	
Identify by name or, if	A. Supported	_			
		Lynn Stucky	State Representation	ve	
	B. Opposed				
2. Measures Describe by date and ocation of election and lature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted Identify by name or, if applicable, classify by party.)					
		Will Motcalf	State Denrecentativ	Δ	
Identify by name or, if applicable, classify by party.)		wiii wettaii	State Representativ	C	
	B. Opposed				
2. Measures Describe by date and ocation of election and lature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
applicable, classify by party.)					
2 CO 1 1 1 1 1 1 2 CO 1 3 1 1	2. Measures Describe by date and ocation of election and ature of issue.) 3. Officeholders Assisted dentify by name or, if pplicable, classify by party.) 3. Candidates dentify by name or, if pplicable, classify by party.) 4. Measures Describe by date and ocation of election and ature of issue.) 5. Officeholders Assisted dentify by name or, if	B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed	B. Opposed B. Opposed A. Supported B. Opposed B. Opposed	B. Opposed B. Opposed A. Supported B. Opposed A. Supported Will Metcalf State Representative Will Metcalf State Representative Mentify by name or, if pplicable, classify by party.) B. Opposed B. Opposed	B. Opposed B. Opposed A. Supported B. Opposed A. Supported Will Metcalf State Representative dentify by name or, if pplicable, classify by party.) B. Opposed B. Opposed

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				VLK	11 of 20
17 COM		E NAME SEY PAC	18 Filer ID 00087031	(Ethics (Commission Filers)
l		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	15,000.00
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	18,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 12/20	
2	FILER NAME MOAK CASE				3	Filer ID (Ethics Commission 00087031	ion Filers)
4	Date 01/12/2024	5 Full name of contributor Averitt, Ginger6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78736					
8		pation / Job title (See Instructions cacy Servcies) 9	Employer (See Instructions Moak Casey, LLC	5)		
	Date 01/24/2024	Full name of contributor Casey, Dan Contributor address; City; St)	•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Consultant	, , , , , , , , , , , , , , , , , , , ,	,	Self	,		
	Date 01/24/2024	Full name of contributor Duron, Jodi Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Elgin, TX 78621			L		
	Vice Preside	pation / Job title (See Instructions ent)	Employer (See Instructions Moak Casey LLC	5)		
	Date 01/25/2024	Full name of contributor Gibson, Greg Contributor address; City; St Graham, TX 76450	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Chief Strate	pation / Job title (See Instructions gy Officer)	Employer (See Instructions Moak Casey, LLC	5)		
	Date 01/12/2024	Full name of contributor Huberty, Dan Contributor address; City; St Humble, TX 77346	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s)		
			<u>'</u>				

MONETARY SUPPORT FROM CORPORATION OR SCHEDULE C3 **LABOR ORGANIZATION** 1 Total pages Schedule C3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MOAK CASEY PAC 00087031 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 01/24/2024 Stride Inc 15,000.00

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/7 Rpt: 14/20	MOAK CASEY PAC 00087031	
4 Date	5 Payee name	
01/22/2024	Ashby, Trent	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Donation	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
01/08/2024	Bailes, Ernest	
Amount (\$)	Payee address; City; State; Zip Code	┪
\$500.00	P.O. Box 1232	
Expenditure from corporate funds	Shepherd, TX 77371	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Sumpaign Bonation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
Date	Payee name	٦
01/08/2024	Bell, Keith	
Amount (\$)	Payee address; City; State; Zip Code	┪
\$2,500.00	PO Box 1178	
Expenditure from		
corporate funds	Forney, TX 75126	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
expenditure to benefit C/OI		
		4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Expense Travel

Expense Travel

SWages/Contract Labor OTHEI

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 15/20	MOAK CASEY PAC 00087031
4 Date	5 Payee name
01/08/2024	Burns, DeWayne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	703 Stonelake Drive
Expenditure from corporate funds	Cleburne, TX 76033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/08/2024	Burrows, Dustin
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2569
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialture to beliefit C/O	
Date	Payee name
01/22/2024	Cain, Briscoe
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 7
Expenditure from	
corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment		The Instruction Guide ex	plains how to complete this form.
otal pages Schedule F1:	2	FILER NAME	
Sch: 3/7 Rpt: 16/20		MOAK CASEY PAC	

	1	
1 Total pages Schedule F1: Sch: 3/7 Rpt: 16/20	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031
4 Date	5 Payee name	33351351
01/22/2024	Campos, Liz	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$500.00	1028 Rigsby San	
Expenditure from		
corporate funds	San Antonio, TX 78210	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Donation
O Complete ONII V if divest	Condidate/Officeholder name	Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
01/08/2024	Darby, Drew	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$500.00	PO Box 3284	
Expenditure from corporate funds	San Angelo, TX 76902	
— corporate farias	Garry angelo, 177 10302	
PURPOSE	(a) Catagony (a. a. a	(h) Description
PURPOSE OF	1 ' 1	(b) Description Check if travel outside of Texas. Complete Schedule T.
	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough Payee name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024	Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Frazier, Frederick	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$)	Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Coo	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024	Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Frazier, Frederick	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$)	Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Coo	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Cog 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation Office held de (b) Description
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) \$500.00 Expenditure from corporate funds	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Cog 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held de
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Cog 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held Th
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sough Payee name Frazier, Frederick Payee address; City; State; Zip Committee 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF	Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Payee name Frazier, Frederick Payee address; City; State; Zip Code 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soughthere	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Payee name Frazier, Frederick Payee address; City; State; Zip Code 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soughthere	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/11/2024 Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Payee name Frazier, Frederick Payee address; City; State; Zip Code 4100 Eldorado Pkwy STE 100 PMB 241 McKinney, TX 75070 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office soughthere	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation The Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/7 Rpt: 17/20	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
01/22/2024	Harless, Sam			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	15814 Champion Forest PMB 312,			
Expenditure from corporate funds	Spring, TX 77379			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Donation			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/11/2024	Hefner, Cole			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 167			
Expenditure from corporate funds	Mount Pleasant, TX 75456			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Campaigh Donation			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			
Date	Payee name			
01/04/2024	Johnson, Jarvis			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 16600			
Expenditure from corporate funds	Houston, TX 77222			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
_/	Candidate/Officeholder/Political Committee			
	Campaign Donation			
Complete ONLY if direct	Candidate/Officeholder name Office sought			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/7 Rpt: 18/20	MOAK CASEY PAC 00087031					
4 Date	5 Payee name					
01/22/2024	Johnson, Nathan					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	PO Box 670994					
Expenditure from corporate funds	Dallas, TX 75367					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee Campaign Donation					
	Sampaign Bonation					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	· ·					
Date	Payee name					
01/22/2024	King, Ken					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	PO Box 517					
. ,						
Expenditure from corporate funds	Canadian, TX 79014					
PURPOSE						
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Campaign Donation					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
 Date	Payee name					
01/22/2024	Metcalf, Will					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 454					
42,000.00						
Expenditure from	CONDOE TV 77205					
corporate funds	CONROE, TX 77305					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Campaign Donation					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/7 Rpt: 19/20	MOAK CASEY PAC 00087031
4 Date	5 Payee name
01/11/2024	Patterson, Jared
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 5419
Expenditure from corporate funds	Frisco, TX 75035
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/11/2024	Rogers, Glenn
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 11
Expenditure from corporate funds	Graford, TX 76449
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Donation
	Sampaigh Bohation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payes name
Date 01/22/2024	Payee name Smith, Hatch
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	603 E Ellis
Expenditure from	
corporate funds	Llano, TX 78643
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaign Bonation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 7/7 Rpt: 20/20	MOAK CASEY PAC	00087031		
4 Date	5 Payee name	•		
01/22/2024	Stucky, Lynn			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1,000.00	PO Box 464			
Expenditure from corporate funds	Denton, TX 76202			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Donation		
		Campaign Donation		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held		
expenditure to benefit C/OI		gnt Onice neid		
Data				
Date	Payee name			
01/08/2024	VanDeaver, Gary			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$500.00	P.O. Box 866			
Expenditure from				
corporate funds	New Boston, TX 75570			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense		
		Campaign Donation		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held		
expenditure to benefit C/OI		gnt Onice neid		
Date	Payee name			
01/08/2024	Vo, Hubert			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$500.00	P.O. Box 2227			
Expenditure from				
corporate funds	Alief, TX 77411			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense		
		Campaign Donation		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
2-1				