

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM **GPAC**
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088720	2 Total pages filed: 16
3 COMMITTEE NAME Contract With Texas		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 1412		
	Pflugerville, TX 78660		
	Date Hand-delivered or Date Postmarked		
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Jonathan	
		NICKNAME	SUFFIX
		Schober	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	304 Red Tailed Hawk Pflugerville, TX 78660		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	304 Red Tailed Hawk Pflugerville, TX 78660		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	771-2969	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
	<input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	04/17/2024		06/30/2024
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Contract With Texas	13 Filer ID (Ethics Commission Filers) 00088720
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,391.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,974.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,115.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

16 AFFIDAVIT

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

Jonathan Schober

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Contract With Texas		18 Filer ID (Ethics Commission Filers) 00088720
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,391.96
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,500.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,776.28
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,198.08
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, PATRICE <hr/> 6 Contributor address; City; State; Zip Code GEORGETOWN, TX 78628	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, ROD <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78628	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BALDERRAMA, GINA <hr/> Contributor address; City; State; Zip Code CLEBURNE, TX 76031	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) POOL BUILDER		Employer (See Instructions) SELF EMPLOYED
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOK, BRAD <hr/> Contributor address; City; State; Zip Code ARGYLE, TX 76226	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLIER, MORGAN <hr/> Contributor address; City; State; Zip Code TALCO, TX 75487	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDMONSON, CHARLIE <hr/> 6 Contributor address; City; State; Zip Code BRYSON, TX 76427	7 Amount of Contribution (\$) \$20.82
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLIPSE, AMY <hr/> Contributor address; City; State; Zip Code KEMAH, TX 77565	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) HOSPITAL
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBBS, DAN <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77066	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUGGENHEIM, SUZANNE <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEALY, LISA <hr/> Contributor address; City; State; Zip Code MIDLOTHIAN, TX 76065	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) ADVERTISING		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code DECATUR, TX 76234	7 Amount of Contribution (\$) \$312.30
8 Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		9 Employer (See Instructions) MAPLARGE
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORTON, RACHEL <hr/> Contributor address; City; State; Zip Code WEATHERFORD, TX 76087	Amount of Contribution (\$) \$36.44
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) SELF EMPLOYED
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY, THOMAS <hr/> Contributor address; City; State; Zip Code EAGLE LAKE, TX 77434	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF EMPLOYED
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KILEN, DEBORAH <hr/> Contributor address; City; State; Zip Code JOSHUA, TX 76058	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ANTIQUE DEALER		Employer (See Instructions) SELF EMPLOYED
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LITTLE, MITCH <hr/> Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SCHEEF & STONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUTHER, SHELLEY	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code SHERMAN, TX 75090		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) SELF EMPLOYED
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, LAYNIE	Amount of Contribution (\$) \$15.62
Contributor address; City; State; Zip Code CRAWFORD, TX 76638		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NARVAIZ, NAOMI	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITTER, JAN	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code MOUNT VERNON, TX 75457		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, DEB	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code BOYD, TX 76023		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACY, JOHN	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code MAY, TX 76857	
8 Principal occupation / Job title (See Instructions) MARKET REPORTER		9 Employer (See Instructions) USDA
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAIRS, CYNTHIA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code DALLAS, TX 75236	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORNBURG, CLINTON	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77040	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOTH, STEVE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CONROE, TX 77384	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRDELL, WES	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code BRADY, TX 76825	
Principal occupation / Job title (See Instructions) WES VIRDELL FOR TEXAS		Employer (See Instructions) CAMPAIGN ACCOUNT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WADE, MARILYN <hr/> 6 Contributor address; City; State; Zip Code ALLEYTON, TX 78935	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLS, CHARLES <hr/> Contributor address; City; State; Zip Code FLORESVILLE, TX 78114	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/16
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/28/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOBER, JONATHAN	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code PFLUGERVILLE, TX 78660	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) CONSULTANT		13 Employer (See Instructions) SCHOBER ENTERPRISES, LLC
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> N/A
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 11/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/04/2024	5 Payee name CROSBY OTTENHOFF GROUP	
6 Amount (\$) \$1,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2024	Candidate/Officeholder name IDEAS & ATTITUDES	
Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3219 HIGHLAND LAURELS DR KINGWOOD, TX 77345	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/23/2024	Candidate/Officeholder name WINRED	
Amount (\$) \$26.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 12/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
4 Date 05/28/2024	5 Payee name WINRED	
6 Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2024	Payee name WINRED	
Amount (\$) \$22.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name WINRED	
Amount (\$) \$3.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 13/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
4 Date 06/10/2024	5 Payee name WINRED	
6 Amount (\$) \$7.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name WINRED	
Amount (\$) \$8.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name WINRED	
Amount (\$) \$8.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/3 Rpt: 14/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 06/18/2024	6 Payee name CROSBY OTTENHOFF GROUP
-----------------------------	---

7 Amount (\$) \$1,000.00	8 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223
------------------------------------	---

Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
----------------------------------	---	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/15/2024	Payee name CROSBY OTTENHOFF GROUP
--------------------	--------------------------------------

Amount (\$) \$738.75	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223
-------------------------	--

Expenditure from corporate funds

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/3 Rpt: 15/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date 06/18/2024	6 Payee name IDEAS & ATTITUDES
-----------------------------	--

7 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 3219 HIGHLAND LAURELS DR KINGWOOD, TX 77345
---	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
----------------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/15/2024	Payee name SCHOBBER ENTERPRISES, LLC
--------------------	---

Amount (\$) \$1,082.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 304 RED TAILED HAWK DR PFLUGERVILLE, TX 78660
--	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB SERVICE
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/3 Rpt: 16/16	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 06/04/2024	6 Payee name SCHOBER ENTERPRISES, LLC
-----------------------------	---

7 Amount (\$) \$876.83 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 304 RED TAILED HAWK DR PFLUGERVILLE, TX 78660
---	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------