#### 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) 00057682 3 COMMITTEE NAME **OFFICE USE ONLY Texas Parent PAC** Date Received **ELECTRONICALLY FILED** 07/10/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 303010 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703-0051 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Blake G. NAME NICKNAME LAST **SUFFIX** Powell STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 108 Wild Basin Rd., Ste. 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 108 Wild Basin Rd., Ste. 100 MAILING **ADDRESS** Austin, TX 78746 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 494-1177 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/19/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Other Year X Runoff 05/28/2024 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) |
|---|---|--|-----------------|----------------------------|
| Texas Parent PAC  |   |  | 00057682        |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                   | A. Supported Jeff Barry State Representativ  | re              |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                 |                            |
|   | Measures (Describe by date and location of election and nature of issue.)             | A. Supported  B. Opposed   |                 |                            |
|   | 3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.) |  |                 |                            |
| 15 CONTRIBUTION   |   | DOLITICAL CONTRIBUTIONS (OTLIFE THAN   | <u> </u>        |                            |
| TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M  | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 1,397.00                   |
|   | 2. TOTAL POLITICA<br>(OTHER THAN PLE  | AL CONTRIBUTIONS<br>EDGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 17,290.68                  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZE  | D POLITICAL EXPENDITURES   | \$              | 81.02                      |
|   | 4. TOTAL POLITICA   | L EXPENDITURES   | \$              | 27,662.32                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTIN  | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$          | 6,207.10                   |
| OUTSTANDING<br>LOAN TOTALS  | •   | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$          | 0.00                       |
| 16 AFFIDAVIT  | •   |  | <u> </u>        |                            |
|   |   | I swear, or affirm, under penalty of pe<br>true and correct and includes all infor<br>under Title 15, Election Code.                 |                 |                            |
|   |   | Mr. Blake  | G. Powell       |                            |
|   |   | Signature of Car   | mpaign Treasur  | er                         |
| AFFIX NOTAR   | Y STAMP / SEAL ABOVE  |  |                 |                            |
| Sworn to and subscribe  | ed before me, by the said   | , tł   | his the         | day                        |
| of  | , 20, to certify  | which, witness my hand and seal of office.   |                 |                            |
|   |   |  |                 |                            |
| Signature of officer a  | dministering oath   | Printed name of officer administering oath   | Title of office | er administering oath      |

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 3 of 21

|   |   |              |                  |                   |             | 1 ago o o: 21              |
|---|---|--------------|------------------|-------------------|-------------|----------------------------|
| 12 COMMITTEE NAME   |   |              |                  |                   | 13 Filer ID | (Ethics Commission Filers) |
| Texas Parent PAC  |   |              |                  |                   | 00057682    |                            |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates (Identify by name or, if applicable, classify by party.)                |              | Dade Phelan S    | itate Representat | ive         |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                  |                   |             |                            |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.) | A. Supported |                  |                   |             |                            |
|   |   | B. Opposed   |                  |                   |             |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)    |              |                  |                   |             |                            |
| COMMITTEE   | 1. Candidates   | A Supported  | Justin Holland   | State Representa  | ntivo       |                            |
| ACTIVITY  | (Identify by name or, if  | A. Supported | Justili Holialiu | State Representa  | uive        |                            |
|   | applicable, classify by party.)   |              |                  |                   |             |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                  |                   |             |                            |
|   | 2. Measures (Describe by date and location of election and nature of issue.)          | A. Supported |                  |                   |             |                            |
|   |   | B. Opposed   |                  |                   |             |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)    |              |                  |                   |             |                            |
| COMMITTEE<br>ACTIVITY   | Candidates (Identify by name or, if applicable, classify by party.)                   | A. Supported | John Kuempel     | State Representa  | ative       |                            |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed   |                  |                   |             |                            |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.) | A. Supported |                  |                   |             |                            |
|   |   | B. Opposed   |                  |                   |             |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)    |              |                  |                   |             |                            |
|   | 1   |              |                  |                   |             |                            |

### GENERAL-PURPOSE COMMITTEE REPORT:

## FORM GPAC ADDENDUM

|  |   |  |  | ADDENDUM   |
|--|---|--|--|--|
|  |   |  |  | Page 4 of 21   |
|  |   |  | 13 Filer ID  | (Ethics Commission Filers)   |
|  |   |  | 00057682   |  |
| Candidates (Identify by name or, if applicable, classify by party.)          |   | DeWayne Burns State Repres   | entative   |  |
|  | 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.)                     |   |  |  |  |
|  |   |  |  |  |
|  | (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.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed | (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed | 1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  B. Opposed |

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

|                      |  |              |             | 5 of 21          |
|----------------------|--|--------------|-------------|------------------|
| 17 COMMITTI          | EE NAME  | 18 Filer ID  | (Ethics Cor | nmission Filers) |
| Texas Pa             | rent PAC   | 00057682     |             |                  |
| 19 SCHEDUL           | E SUBTOTALS  | <u>I</u>     | Τ           |                  |
| NAME OF              | SCHEDULE   |              | SUBI        | OTAL AMOUNT      |
| 1. X                 | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      |              | \$          | 7,297.00         |
| 2. X                 | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |              | \$          | 9,993.68         |
| 3.                   | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$          |                  |
| 4.                   | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION       | )R           | \$          |                  |
| 5.                   | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR     | \$          |                  |
| 6.                   | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                        | ANIZATION    | \$          |                  |
| 7.                   | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION           | !            | \$          |                  |
| 8.                   | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                      | ORGANIZATION | \$          |                  |
| 9. SCHEDULE E: LOANS |  |              |             |                  |
| 10. X                | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:                   | S            | \$          | 27,662.32        |
| 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 CONTR   | RIBUTION        | IS                         |                | SCHEDUI  | E A1       |
|---|--------------------------------|---|-----------------|----------------------------|----------------|--|------------|
|   | The Instruc                    | ction Guide explains how to com   | plete this for  | m.                         | 1              | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 6/21 |            |
| 2 | FILER NAME<br>Texas Paren      | t PAC   |                 |                            | 3              | Filer ID (Ethics Commission 00057682           | on Filers) |
| 4 | Date 05/24/2024                | <ul> <li>Full name of contributor  out-of-s</li> <li>Anderson, David</li> <li>Contributor address; City; State; Zip Co</li> </ul> |                 |                            | 7              | Amount of Contribution (\$)                    | \$1,000.00 |
| 8 | Principal occu                 | Austin, TX 78731 pation / Job title (See Instructions)  | l q             | Employer (See Instructions | .)             |  |            |
| Ŭ | Lobbyist/Cor                   |   |                 | Employer (Gee mondenons    | ')             |  |            |
|   | Date<br>05/28/2024             | Full name of contributor out-of-s Boyle, Carolyn Contributor address; City; State; Zip Co   |                 |                            |                | Amount of Contribution (\$)                    | \$1,000.00 |
|   | Principal occu                 | pation / Job title (See Instructions)   |                 | Employer (See Instructions | <u> </u><br>;) |  |            |
|   | Community \                    | /olunteer   |                 |                            |                |  |            |
|   | Date<br>05/24/2024             | Full name of contributor out-of-s Brim, Jay  Contributor address; City; State; Zip Co   | state PAC (ID#: | )                          |                | Amount of Contribution (\$)                    | \$250.00   |
|   |                                | Austin, TX 78746  |                 |                            |                |  |            |
|   | Attorney                       | pation / Job title (See Instructions)   |                 | Employer (See Instructions | i)<br>         |  |            |
|   | Date<br>05/28/2024             | Bull, Blaine  |                 |                            |                | Amount of Contribution (\$)                    | \$500.00   |
|   | Principal occu<br>Small Busine | pation / Job title (See Instructions)<br>ess Owner  |                 | Employer (See Instructions | i)             |  |            |
|   | Date<br>05/24/2024             | Butts, Edna Ramon   | state PAC (ID#: |                            |                | Amount of Contribution (\$)                    | \$250.00   |
|   | Principal occu<br>Attorney     | pation / Job title (See Instructions)   |                 | Employer (See Instructions | 5)             |  |            |
|   |                                |   | •               |                            |                |  |            |

|   | MONET                       | ARY POLITICAL CONTRIBUTION  | DNS                          |                | SCHEDUL  | E <b>A1</b> |
|---|-----------------------------|---|------------------------------|----------------|--|-------------|
|   | The Instruc                 | ction Guide explains how to complete this f   | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 7/21 |             |
| 2 | FILER NAME<br>Texas Paren   | t PAC   |                              | 3              | Filer ID (Ethics Commission 00057682           | n Filers)   |
| 4 | Date 05/20/2024             | <ul> <li>Full name of contributor</li></ul>   |                              | 7              | Amount of Contribution (\$)                    | \$200.00    |
| _ |                             | San Angelo, TX 76901  | T                            |                |  |             |
| 8 | Principal occu<br>Educator  | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)             |  |             |
|   | Date<br>05/27/2024          | Contributor address; City; State; Zip Code  |                              |                | Amount of Contribution (\$)                    | \$300.00    |
|   | Principal occu<br>Retired   | Austin, TX 78731 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>5) |  |             |
|   | Date<br>05/23/2024          | Full name of contributor out-of-state PAC (ID#:_Dochen, Sandy  Contributor address; City; State; Zip Code                               |                              |                | Amount of Contribution (\$)                    | \$250.00    |
|   | Principal occu<br>Retired   | Austin, TX 78731 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u><br>5) |  |             |
|   | Date<br>05/23/2024          | Full name of contributor out-of-state PAC (ID#:_<br>Hall, Kathryn<br>Contributor address; City; State; Zip Code<br>Sweetwater, TX 79556 |                              |                | Amount of Contribution (\$)                    | \$250.00    |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>5) |  |             |
|   | Date<br>05/30/2024          | Full name of contributor out-of-state PAC (ID#:_ Hinckley, William  Contributor address; City; State; Zip Code  Leander, TX 78641       |                              |                | Amount of Contribution (\$)                    | \$500.00    |
|   | Principal occu<br>Developer | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |             |
|   |                             |   | ,                            |                |  |             |

|   | MONET                           | ARY POLITICAL CONTRIBUTION  | NS                         |   | SCHEDUL  | E <b>A1</b> |
|---|---------------------------------|---|----------------------------|---|--|-------------|
|   | The Instruc                     | ction Guide explains how to complete this fo  | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 3/3 Rpt: 8/21 |             |
| 2 | FILER NAME<br>Texas Paren       | t PAC   |                            | 3 | Filer ID (Ethics Commission 00057682           | n Filers)   |
| 4 | Date<br>05/24/2024              | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>   |                            | 7 | Amount of Contribution (\$)                    | \$250.00    |
| 8 | Principal occu                  | Winston-Salem, NC 27103 pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |             |
|   | Attorney                        | ,   |                            |   |  |             |
|   | Date<br>06/15/2024              | Full name of contributor  |                            |   | Amount of Contribution (\$)                    | \$250.00    |
|   | Principal occur                 | Woodway, TX 76712 pation / Job title (See Instructions)   | Employer (See Instructions |   |  |             |
|   | Education Co                    |   | Employer (See instructions | , |  |             |
|   | Date<br>06/14/2024              | Full name of contributor out-of-state PAC (ID#:   |                            |   | Amount of Contribution (\$)                    | \$250.00    |
|   |                                 | Rockwall, TX 75087  |                            |   |  |             |
|   | Principal occu<br>Public Relati | pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |             |
|   | Date<br>05/30/2024              | Full name of contributor out-of-state PAC (ID#: Poplin, Anne Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | )                          |   | Amount of Contribution (\$)                    | \$150.00    |
|   | Principal occu<br>Retired Educ  | pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |             |
|   | Date<br>05/28/2024              | Full name of contributor out-of-state PAC (ID#:   | )                          |   | Amount of Contribution (\$)                    | \$500.00    |
|   | Principal occu<br>Civil Enginee | pation / Job title (See Instructions)   | Employer (See Instructions | ) |  |             |
|   |                                 | •   |                            |   |  |             |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

| The Inetri        | retier Cuide avaleine how to complete this t                   | Fa                         | 1 Total pages Schedule A2:   |
|-------------------|--|----------------------------|--|
| i ne instru       | uction Guide explains how to complete this f                   | rorm.                      | Sch: 1/1 Rpt: 9/21   |
| 2 FILER NAME      |  |                            | 3 Filer ID (Ethics Commission Filers)                                |
| Texas Pare        | nt PAC   |                            | 00057682   |
| 4 TOTAL OF        | UNITEMIZED IN-KIND POLITICAL CONTRIB                           | BUTIONS                    | \$   |
| <b>5</b> Date     | 6 Full name of contributor out-of-state PAC (ID#:              |                            | 8 Amount of 9 In-kind contribution                                   |
| 05/22/2024        | Charlie Geren Campaign   |                            | contribution (\$) description<br>\$5,328.431 Inkind contribution for |
|                   | 7 Contributor address; City; State; Zip Code                   |                            | Justin Holland, HD 33  |
|                   |  |                            | Campaign: Mailer and   |
|                   |  |                            | i Phone Text Advertising   |
|                   | Fort Worth, TX 76101   | ·                          | Check if travel outside of Texas. Complete Schedule T.               |
| 10 Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See instructions)      | 11 Employer (FOR NON       | I-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)      | l                          |  |
|                   | ,                        |                            |  |
| Date              | Full name of contributor out-of-state PAC (ID#:                | \                          | Amount of ! In-kind contribution                                     |
| 05/22/2024        |  |                            | contribution (\$) description  |
| 00,22,202         | Contributor address; City; State; Zip Code                     |                            | \$4,665.25 Inkind Contribution for                                   |
|                   | Continuation address, Sity, State, Elp Code                    |                            | John Kuempel HD 44<br>Campaign: Mailer and                           |
|                   |  |                            | Phone Text Advertising   |
|                   | Fort Worth, TX 76101   |                            | Check if travel outside of Texas. Complete Schedule T.               |
| Principal occ     | upation / Job title (FOR NON-JUDICIAL) (See instructions)      | Employer (FOR NON          | I-JUDICIAL) (See instructions)                                       |
|                   |  |                            |  |
| Contributor's     | principal occupation (FOR JUDICIAL)                            | Contributor's job title    | (FOR JUDICIAL) (See instructions)                                    |
| Contributor's     | employer/low firm (FOR HIDICIAL)                               | Low firm of contribute     | or's spause (if any) (EOD HIDICIAL)                                  |
| Contributors      | employer/law firm (FOR JUDICIAL)                               | Law IIIm of contribute     | or's spouse (if any) (FOR JUDICIAL)                                  |
| If contributor    | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |                            |  |
| ii contributor    | is a clind, law little of parefuls) (if any) (if the source of |                            |  |
|                   |  |                            |  |
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|                   |  |                            |  |

### 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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   |   |
| Sch: 1/12 Rpt: 10/21   | Texas Parent PAC 00057682   |
| 4 Date   | 5 Payee name  |
| 05/25/2024   |   |
| 05/25/2024   | Beaird, Carolyn   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$525.00   | 369 Fawn River Run  |
|  |   |
| Expenditure from corporate funds   | Kyle, TX 78640  |
| <u>'</u>   |   |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
| EXPENDITURE  | Salaries/Wages/Contract Labor   |
|  | March, April Contract Pay   |
|  | Maton, 7 pm Contract 1 dy   |
|  |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held   |
| experialitare to belieff or of   | '   |
| Date   | Payee name  |
| 06/20/2024   | Beaird, Carolyn   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| ` ,  | 369 Fawn River Run  |
| \$1,125.00   | 309 Fawii Rivei Ruii  |
| Expenditure from   |   |
| corporate funds  | Kyle, TX 78640  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | Contract Pay  |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   | 1   |
| Date   | Dayroo namo   |
| 06/20/2024   | Payee name Intuit QuickBooks, Inc   |
|  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$341.12   | 2800 E Commerce Center PI   |
|  |   |
| Expenditure from corporate funds   | Tucson, AZ 85706  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Administrative  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|  | QuickBooks Annual Renewal   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O   |   |
| •  |   |
|  |   |
|  |   |
|  |   |

#### SCHEDULE F1

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

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

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

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/12 Rpt: 11/21 **Texas Parent PAC** 00057682 4 Date Payee name 05/22/2024 Murphy Nasica 6 Amount (\$) Payee address; City; State; Zip Code PO Box 1648 \$7,116.04 Expenditure from Austin, TX 78767 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Inkind Contribution to Jeff Barry, HD 29 Campaign: Mailer and Phone Text Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/22/2024 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code \$4,120.21 PO Box 1648 Expenditure from Austin, TX 78767 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Inkind Contribution to Justin Holland, HD 33 Campaign: Mailer and Text Message Advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/22/2024 Murphy Nasica Amount (\$) Payee address: City: State; Zip Code \$5,822.26 PO Box 1648 Expenditure from corporate funds Austin, TX 78767 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Inkind Contribution to John Kuempel, HD 44 Campaign: Mailer and Text Message Advertising 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 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 comple                         | ete this form.   |
|---|--|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                  |
| Sch: 3/12 Rpt: 12/21  | Texas Parent PAC   | 00057682   |
| 4 Date  | 5 Payee name   |  |
| 05/22/2024  | ProPay Inc   |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
| \$15.98   | 3400 Ashton Blvd, Ste 200  |  |
|   |  |  |
| Expenditure from corporate funds                              | Lehi, UT 84043   |  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| OF<br>EXPENDITURE   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T. |
|   |  | Click & Pledge Donation Bank Fees                      |
|   |  | Click & Fledge Bollation Bank Fees                     |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought                            | Office held  |
| expenditure to benefit C/OI                                   |  | Office field   |
|   |  |  |
| Date  | Payee name   |  |
| 05/23/2024  | ProPay Inc   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| \$5.41  | 3400 Ashton Blvd, Ste 200  |  |
| Evpanditure from  |  |  |
| Expenditure from corporate funds                              | Lehi, UT 84043   |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| OF<br>EXPENDITURE   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T. |
|   |  | Click & Pledge Donation Bank Fees                      |
|   |  | Chok & Fledge Berkation Bank Fees                      |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought                            | Office held  |
| expenditure to benefit C/OI                                   |  | Office field   |
|   |  |  |
| Date  | Payee name   |  |
| 05/24/2024  | ProPay Inc   |  |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| \$3.87  | 3400 Ashton Blvd, Ste 200  |  |
| Expenditure from  |  |  |
| corporate funds   | Lehi, UT 84043   |  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| OF<br>EXPENDITURE   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE  |  | Check if Austin, TX, officeholder living expense       |
|   |  | Click & Pledge Donation Bank Fees                      |
|   |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
| onponential to belief 0/01                                    |  |  |
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Gift/Awards/Memorials Expense Printing Expense 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:   | <u> </u>   |
|  | Texas Parent PAC 00057682  |
| Sch: 4/12 Rpt: 13/21   |  |
| 4 Date   | 5 Payee name   |
| 05/28/2024   | ProPay Inc   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$37.13  | 3400 Ashton Blvd, Ste 200  |
| ,  | ·/ ··  |
| Expenditure from   | Lab: UT 04040  |
| corporate funds  | Lehi, UT 84043   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  |
|  | Check if Austin, TX, officeholder living expense   |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | 7  |
| Date   | Payee name   |
| 05/28/2024   | ProPay Inc   |
|  | -  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$13.42  | 3400 Ashton Blvd, Ste 200  |
| Expenditure from   |  |
| corporate funds  | Lehi, UT 84043   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EVENDITURE   | Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | <del>1</del>   |
| Date   | Payee name   |
|  | ProPov Inc   |
| 05/28/2024   | ProPay Inc   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$114.00   | 3400 Ashton Blvd, Ste 200  |
| Formation of the   |  |
| Expenditure from corporate funds   | Lehi, UT 84043   |
| PURPOSE  |  |
| OF   |  |
| EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | · · · · · · · · · · · · · · · · · · ·  |
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Candidate/Officeholder/Politica Credit Card Payment           | ll Committee Legal Services Salaries/Wages                           | s/Contract Labor OTHER (enter a category not listed above)          |
|---|--|---|
|   | The Instruction Guide explains how to compl                          | ete this form.  |
| 1 Total pages Schedule F1:                                    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                               |
| Sch: 5/12 Rpt: 14/21  | Texas Parent PAC   | 00057682  |
| 4 Date  | 5 Payee name   |   |
| 05/29/2024  | ProPay Inc   |   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                               |   |
| \$5.41  | 3400 Ashton Blvd, Ste 200  |   |
|   |  |   |
| Expenditure from corporate funds                              | Lehi, UT 84043   |   |
| 8 PURPOSE   |  | Description   |
| OF  | o , (cor canegone motor at the top of the contract)                  | Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE   | Accounting/Banking   | Check if Austin, TX, officeholder living expense                    |
|   |  | Click & Pledge Donation Bank Fees                                   |
|   |  |   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought                            | Office held   |
| expenditure to benefit C/OI                                   |  |   |
| Date  | Payee name   |   |
| 05/29/2024  | ProPay Inc   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |   |
| \$5.76  | 3400 Ashton Blvd, Ste 200  |   |
| φ5.70   | 3400 ASHIOH BIVU, Ste 200  |   |
| Expenditure from  |  |   |
| corporate funds   | Lehi, UT 84043   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description   |
| OF<br>EXPENDITURE   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T.              |
| -   |  | Check if Austin, TX, officeholder living expense                    |
|   |  | Click & Pledge Donation Bank Fees                                   |
| Commission ONLY if dispose                                    | Candidate/Officeholder name  | Office hold   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held   |
| ·   |  |   |
| Date  | Payee name   |   |
| 05/30/2024  | ProPay Inc   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                                 |   |
| \$54.30   | 3400 Ashton Blvd, Ste 200  |   |
|   |  |   |
| Expenditure from corporate funds                              | Lehi, UT 84043   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description   |
| OF  | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T.              |
| EXPENDITURE   |  | Check if Austin, TX, officeholder living expense                    |
|   |  | Click & Pledge Donation Bank Fees                                   |
|   |  |   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought                            | Office held   |
| expenditure to benefit C/OI                                   | 1  |   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica<br>Credit Card Payment        | Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above) |
|---|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 6/12 Rpt: 15/21  | Texas Parent PAC 00057682  |
| 4 Date  | 5 Payee name   |
| 05/31/2024  | ProPay Inc   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$7.04  | 3400 Ashton Blvd, Ste 200  |
|   |  |
| Expenditure from corporate funds                              | Lehi, UT 84043   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                              |
|   | Click & Pladge Denetion Bank Food  |
|   | Click & Pledge Donation Bank Fees  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                                   |  |
| Data  |  |
| Date  | Payee name   |
| 06/03/2024  | ProPay Inc   |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$5.41  | 3400 Ashton Blvd, Ste 200  |
|   |  |
| Expenditure from corporate funds                              | Lehi, UT 84043   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                              |
|   | Check if Austin, TX, officeholder living expense   |
|   | Click & Pledge Donation Bank Fees  |
| 0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0                       |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| ·   |  |
| Date  | Payee name   |
| 06/04/2024  | ProPay Inc   |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$53.95   | 3400 Ashton Blvd, Ste 200  |
| Evnonditure from  |  |
| Expenditure from corporate funds                              | Lehi, UT 84043   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                       |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                              |
| LAFLINDITURE  | Check if Austin, TX, officeholder living expense   |
|   | Click & Pledge Donation Bank Fees  |
| 0 1 6   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| onponditure to beliefit 6/01                                  | •  |
|   |  |
|   |  |
|   |  |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | · · · · · · · · · · · · · · · · · · ·  |
| Sch: 7/12 Rpt: 16/21   | Texas Parent PAC 00057682  |
| 4 Date   | 5 Payee name   |
| 06/18/2024   | ProPay Inc   |
|  | ·  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$15.63  | 3400 Ashton Blvd, Ste 200  |
| Expenditure from   |  |
| corporate funds  | Lehi, UT 84043   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF   | Accounting/Banking   |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense                                 |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/O   | 1  |
| Date   | Payee name   |
| 06/18/2024   | ProPay Inc   |
|  | -  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$15.63  | 3400 Ashton Blvd, Ste 200  |
| Expenditure from   |  |
| corporate funds  | Lehi, UT 84043   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.        |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense                                 |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/O   | 1  |
| Date   | Payee name   |
| 06/25/2024   | ProPay Inc   |
|  | ·  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$7.96   | 3400 Ashton Blvd, Ste 200  |
| Expenditure from   |  |
| corporate funds  | Lehi, UT 84043   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF<br>EVDENDITUDE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.        |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense                                 |
|  | Click & Pledge Donation Bank Fees  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                            |
| expenditure to benefit C/O   | 1  |
|  |  |
|  |  |
|  |  |

### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Candidate/Officeholder/Political Committ<br>Credit Card Payment   | tee Legal Services  The Instruction Guide explains h   | Salaries/Wages/Contract Labor  ow to complete this form. | OTHER (enter a category not listed above)                   |
|---|--|--|---|
| 1 Total pages Schedule F1: 2 FIL                                  | ER NAME  |  | 3 Filer ID (Ethics Commission Filers)                       |
| Sch: 8/12 Rpt: 17/21 Te   | xas Parent PAC   |  | 00057682  |
| 4 Date 5 Pag  | yee name   |  |   |
| 05/21/2024 Pro  | oPay Inc   |  |   |
| 6 Amount (\$) 7 Pa  | yee address; City; State;                              | Zip Code   |   |
| \$5.41 34   | 00 Ashton Blvd, Ste 200                                |  |   |
|   |  |  |   |
| Expenditure from corporate funds Le                               | hi, UT 84043   |  |   |
| 8 PURPOSE (a) Ca  | tegory (See Categories listed at the top of this sched | (b) Description  |   |
| OF AC   | counting/Banking                                       | <del></del>  | l outside of Texas. Complete Schedule T.                    |
|   |  | , <u>–</u>   | n, TX, officeholder living expense                          |
|   |  | Click & Pleut  | ge Donation Bank Fees                                       |
|   |  |  |   |
| 9 Complete ONLY if direct Can expenditure to benefit C/OH         | didate/Officeholder name Of                            | fice sought  | Office held   |
| experience to benefit every                                       |  |  |   |
| Date Pa   | yee name   |  |   |
| 05/21/2024 Pro  | oPay Inc   |  |   |
| Amount (\$) Pa  | yee address; City; State;                              | Zip Code   |   |
| ` ,   | 00 Ashton Blvd, Ste 200                                | •  |   |
| \$1.00  | oo , torton Erva, etc 200                              |  |   |
| Expenditure from  | h: LIT 04040   |  |   |
| corporate funds Le  | hi, UT 84043   |  |   |
| PURPOSE (a) Ca  | tegory (See Categories listed at the top of this sched |  |   |
| EXPENDITURE AC  | counting/Banking                                       | - L <del></del>  | l outside of Texas. Complete Schedule T.                    |
|   |  | -  | n, TX, officeholder living expense<br>ge Donation Bank Fees |
|   |  | Click & Fieug  | ge Donation Bank rees                                       |
| Operation CNII Wife disease.                                      | distant 10ff and address and                           | £  | Office health   |
| Complete <u>ONLY</u> if direct Can<br>expenditure to benefit C/OH | didate/Officeholder name Of                            | fice sought  | Office held   |
|   |  |  |   |
| Date Pa   | yee name   |  |   |
| 05/20/2024 Pro  | oPay Inc   |  |   |
| Amount (\$) Pa  | yee address; City; State;                              | Zip Code   |   |
| \$25.06 34  | 00 Ashton Blvd, Ste 200                                |  |   |
|   |  |  |   |
| Expenditure from corporate funds Le                               | hi, UT 84043   |  |   |
| ·   |  | (h) Describer  |   |
| l 0r l`''   | tegory (See Categories listed at the top of this scher |  | outside of Texas. Complete Schedule T.                      |
| EXPENDITURE AC  | counting/Banking                                       | L  | n, TX, officeholder living expense                          |
|   |  | <del>_</del> _   | ge Donation Bank Fees                                       |
|   |  |  |   |
| Complete ONLY if direct Can                                       | didate/Officeholder name Of                            | I<br>fice sought   | Office held   |
| expenditure to benefit C/OH                                       | <u> </u>   | <del> </del>   |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment          | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1:                                      | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 9/12 Rpt: 18/21  | Texas Parent PAC 00057682   |
| 4 Date  | 5 Payee name  |
| 05/21/2024  | ProPay Inc  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$30.74   | 3400 Ashton Blvd, Ste 200   |
|   |   |
| Expenditure from corporate funds                                | Lehi, UT 84043  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
|   | Click & Pladge Denetion Pank Face   |
|   | Click & Pledge Donation Bank Fees   |
|   |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experience to belief of or                                      |   |
| Date  | Payee name  |
| 06/28/2024  | ProPay Inc  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$5.41  | 3400 Ashton Blvd, Ste 200   |
| ***.=   |   |
| Expenditure from corporate funds                                | Lehi, UT 84043  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | Click & Pledge Donation Bank Fees   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |
| experiulture to beliefft C/OI                                   |   |
| Date  | Payee name  |
| 06/20/2024  | Tax990  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$100.85  | 2685 Celanese Rd, Ste 100   |
| Ψ100.00   |   |
| Expenditure from  | Pools Hill. CO 20722  |
| corporate funds   | Rock Hill, SC 29732   |
| PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE   | Administrative Check if travel outside of Texas. Complete Schedule T.   |
|   | Check if Austin, TX, officeholder living expense  Form 990EZ Filing Fee   |
|   | 1 of the 330LZ 1 ming 1 cc  |
| Complete CNII V if alia   | Condidate/Officeholder name Office cought   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI   | Candidate/Officeholder name Office sought Office held   |
| p. 1  |   |
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|   |   |
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### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment        | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 10/12 Rpt: 19/21   | Texas Parent PAC 00057682   |
| 4 Date  | 5 Payee name  |
| 05/25/2024  | The Political Group   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$1,062.43  | PO Box 29693  |
| Expenditure from  |   |
| Corporate funds   | San Antonio, TX 78229   |
| 8 PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
| EXPENDITURE   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   | Inkind Contribution for Jeff Barry, HD 29 Campaign:   |
|   | Phone Calls Supporting Campaign   |
| Complete ONLY if direct<br>expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
| Data  |   |
| Date  | Payee name  |
| 05/22/2024  | The Political Group   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$2,221.73  | PO Box 29693  |
| Expenditure from corporate funds                              | San Antonio, TX 78229   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Inkind Contribution Check if travel outside of Texas. Complete Schedule T.  |
|   | Check if Austin, TX, officeholder living expense Inkind Contribution for Dade Phelan, HD 21   |
|   | Campaign: Campaign Phone Calls  |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   |   |
| Date  | Payee name  |
| 05/28/2024  | The Political Group   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$928.33  | PO Box 29693  |
| Expenditure from corporate funds                              | San Antonio, TX 78229   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF  | Inkind Contribution  Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   | Inkind Contribution for Jeff Barry, HD 29 Campaign:   |
|   | Phone Calls   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |   |
|   |   |
|   |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 11/12 Rpt: 20/21  | Texas Parent PAC 00057682  |
| 4 Date   | 5 Payee name   |
| 05/28/2024   | The Political Group  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$1,686.77   | PO Box 29693   |
| Expenditure from corporate funds   | San Antonio, TX 78229  |
| 8 PURPOSE  |  |
| OF   | (a) Category (See Categories listed at the top of this schedule)  Inkind Contribution  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE  | Check if Austin, TX, officeholder living expense   |
|  | Inkind Contribution for DeWayne Burns, HD 58   |
|  | Campaign: Phone Calls  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | -  |
| Date   | Payee name   |
| 05/24/2024   | U.S. Postal Service  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$748.00   | 3575 Far West Blvd   |
| Expenditure from   |  |
| corporate funds  | Austin, TX 78731-9998  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.   |
|  | ☐ Check if Austin, TX, officeholder living expense Inkind Contribution for Jeff Barry, HD 29 Campaign:   |
|  | Postage for Mailing  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | 1  |
| Date   | Payee name   |
| 06/20/2024   | U.S. Postal Service  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$342.00   | 3507 N Lamar Blvd  |
| Expenditure from   |  |
| corporate funds  | Austin, TX 78705   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  |
|  | Check if Austin, TX, officeholder living expense PO Box Rental   |
|  | 1 O Box Nemai  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI  | <del>1</del>   |
|  |  |
|  |  |
|  |  |

#### 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

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

Labor OTHER (enter a category not listed above)

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:<br>Sch: 12/12 Rpt: 21/21  | 2 FILER NAME Texas Parent PAC  3 Filer ID (Ethics Commission Filers) 00057682  |
| 4 Date 06/27/2024  | 5 Payee name United States Liability Insurance Co  |
| 6 Amount (\$)<br>\$410.70  | 7 Payee address; City; State; Zip Code PO Box 62778  |
| Expenditure from corporate funds   | Baltimore, MD 21264-2778   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Insurance  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Liability Insurance                               |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                               | Candidate/Officeholder name Office sought Office held  |
| Date<br>05/24/2024   | Payee name<br>Worley Printing  |
| Amount (\$)<br>\$595.38  | Payee address; City; State; Zip Code 3217 North IH 35  |
| Expenditure from corporate funds   | Austin, TX 78722   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Inkind Contribution for Jeff Barry, HD 29 Campaign: Mailing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                  | Candidate/Officeholder name Office sought Office held  |
|  |  |