#### 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) 00086798 3 COMMITTEE NAME **OFFICE USE ONLY Texas Parents United** Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 667 Date Hand-delivered or Date Postmarked Change of Address Leander, TX 78646 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kristen NAME NICKNAME LAST **SUFFIX** Machicek STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 20115 Towering Cypress Dr STREET **ADDRESS** (Residence or Business) Cypress, TX 77433 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 20115 Towering Cypress Dr MAILING **ADDRESS** Cypress, TX 77433 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 536-1920 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 Year Primary Runoff Other 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 Parents United	I		00086798	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Managemen	A. Supported		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,225.00
EXPENDITURE TOTALS	`	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,694.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	5,516.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mac Kristo	n Machinal	
		Signature of Car	n Machicek	
		Signature of Our	npaign rreasure	51
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	is the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

				3 of 8
17 COMMITTEE Texas Pare		<b>18</b> Filer ID 00086798	(Ethics Commissio	n Filers)
19 SCHEDULE NAME OF SO	SUBTOTAL A	MOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,225.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
	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 CONTRIBUTIONS	S	\$	1,694.59
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	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/8
2	FILER NAME Texas Parer			3	Filer ID (Ethics Commission Filers) 00086798
4	Date 06/10/2024	te   5 Full name of contributor   out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$100.00
		Leander, TX 78641			
8	Principal occu Homemaker	upation / Job title (See Instructions)	9 Employer (See Instructions None	s)	
	Date Full name of contributor out-of-state PAC (ID#:)  Herrera, Michael  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00	
	Principal occu	Leander, TX 78641 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Hine, Gilbert Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.00
		San Antonio, TX 78260			
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)	
	Date 06/16/2024	Full name of contributor out-of-state PAC (ID#:_Moore, Laurie  Contributor address; City; State; Zip Code  Austin, TX 78613-3266			Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales			Employer (See Instructions Dell	s)	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 5/8	Texas Parents United 00086798
4 Date	5 Payee name
06/10/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.30	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Andeot service fee
	Andeot Service lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
06/15/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$1.30	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Andeot service fee
	Allueot service lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/16/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$4.30	5555 Hilton Ave
	Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Andeot service fee
	Andeot Service lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 6/8	Texas Parents United 00086798
4 Date	5 Payee name
06/05/2024	C3 Management
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$260.00	7720 Laura Lake Ln.
φ200.00	1120 Laura Lake Lii.
Expenditure from	
corporate funds	Fort Worth, TX 76126
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Accounting and Bookkeeping service.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to seriorit ever	
Date	Payee name
05/31/2024	Dairy Queen
Amount (\$)	Payee address; City; State; Zip Code
\$47.15	1701 E Whitestone Blvd
Expenditure from corporate funds	Cedar Park, TX 78613
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food for meeting
	1 dou for meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/05/2024	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$59.00	801 S Highway 183
Expenditure from corporate funds	Leander, TX 78641
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Federal Tax return.
	reuerai rax return.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 3/4 Rpt: 7/8	Texas Parents United 00086798	
4 Date	5 Payee name	
06/04/2024	Tom Maynard Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 625	
Expenditure from corporate funds	Florence, TX 76527	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Chantable contribution to Form Mayhard Campaign.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiulture to beliefit C/Oi	<sup>1</sup> Maynard, Tom	
Date	Payee name	
05/22/2024	United States Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
` '		
\$9.32	801 S Highway 183	
Expenditure from		
corporate funds	Leander, TX 78641	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Shipping cost for federal tax return.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
06/10/2024	Vonage	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.74	3703 Telephone Road	
Expenditure from	Houston, TX 77023	
corporate funds		
PURPOSE 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  Phone service	
	FIIUIE SCIVICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benefit O/O/I		

# 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

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:		3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 8/8	Texas Parents United	00086798
4 Date	5 Payee name	
05/20/2024	Wix	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.67	500 Tery A Francois Blvd Fl 6	
Expenditure from corporate funds	San Francisco, CA 94158	
8 PURPOSE OF	, ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/11/2024	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$70.14	500 Tery A Francois Blvd Fl 6	
Expenditure from corporate funds	San Francisco, CA 94158	
PURPOSE OF	(con a magained manager to per manager to a	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/24/2024	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.67	500 Tery A Francois Blvd Fl 6	
- Evponditure from		
Expenditure from corporate funds	San Francisco, CA 94158	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Website
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Onice field