#### 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) 00086908 3 COMMITTEE NAME **OFFICE USE ONLY** Fredericksburg Tea Party PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 343 Date Hand-delivered or Date Postmarked Change of Address Fredericksburg, TX 78624 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Angela NAME NICKNAME LAST **SUFFIX** Smith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 483 RR 1376 STREET **ADDRESS** (Residence or Business) Fredericksburg, TX 78624 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 456-9547 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** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE	NAME 13 File	er ID (Ethics Commission Filers)
Fredericksbu	rg Tea Party PAC 000	086908
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)  A. Supported Wes Virdell State Representative	
(Attach lists on plai paper to complete t report if necessary.		
	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	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  X 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)	\$ 0.00
EXPENDITUR TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	<b>\$</b> 30,552.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$</b> 43,270.42
OUTSTANDIN LOAN TOTAL		\$ 0.00
16 AFFIDAVIT		
	I swear, or affirm, under penalty of perjury, t true and correct and includes all information under Title 15, Election Code.	
	Ms. Angela Sı	mith
	Signature of Campaign	n Treasurer
AFF	X 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 Titl	le of officer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

Page 3 of 12

DMMITTEE NAME DMMITTEE DIVITY  Itach lists on plain per to complete this port if necessary.)	ty PAC  1. Candidates (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. Op	upported  pposed  upported  pposed	Kyle Biedermann S	itate Repres	13 Filer ID 00086908 entative	(Ethics Commission Filers)
EMMITTEE ETIVITY  stach lists on plain per to complete this port if necessary.)	1. Candidates (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	B. Op	pposed	Kyle Biedermann S	itate Repres		
EMMITTEE ETIVITY  stach lists on plain per to complete this port if necessary.)	1. Candidates (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	B. Op	pposed	Kyle Biedermann S	itate Repres		
per to complete this port if necessary.)  DMMITTEE	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	A. Sı	upported				
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if						
	Assisted (Identify by name or, if	В. Ор	pposed				
	Assisted (Identify by name or, if						
		)					
	1. Candidates	A. Sı	upported	Dr. Mary Bone State	e Board Of F	Education	
· IIVII Y	(Identify by name or, if applicable, classify by party.)			Dr. mary Bone Class	3 Dod. G 01 D		
tach lists on plain per to complete this port if necessary.)		B. Op	pposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported				
		B. Op	pposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
OMMITTEE CTIVITY	Candidates  (Identify by name or, if	A. Sı	upported	David Covey State	Representati	ive	
tach lists on plain per to complete this port if necessary.)		B. Op	pposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported				
		B. Op	pposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	)					
	MMITTEE TIVITY  tach lists on plain per to complete this	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.)  INMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  tach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  A. S  (Identify by name or, if applicable, classify by party.)  B. O  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Candidates (Identify by name or, if applicable, classify by party.)  B. O  2. Measures (Describe by date and location of election and nature of issue.)  B. O  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DIMMITTEE TIVITY  1. Candidates (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 (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Describe by date and location of election and nature of issue.)  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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Opposed  4. Supported David Covey State in the property of applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	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.)  TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  4. Supported David Covey State Representated David C	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Tach lists on plain per to complete this ort if necessary.)  1. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported David Covey State Representative (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC

						Page 4 of 12
				T <sub>a</sub> .		
-t. DAC						(Ethics Commission Filers)
					00086908	
	A. Supported	David Lowe	State Repres	sentative		
	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.)						
	Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	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  3. Officeholders	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  B. Opposed  3. Officeholders Assisted	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  B. Opposed  A. Supported  Opposed	ty PAC  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	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  A. Supported  A. Supported  A. Supported

#### **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 5 of 12

				5 of 12
L7 COMMIT	TTEE NAME	18 Filer ID	(Ethics Commission	Filers)
Frederic	cksburg Tea Party PAC	00086908		
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AN	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA ORGANIZATION	ABOR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO LABOR ORGANIZATION	ORATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR O	RGANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAB ORGANIZATION	SOR	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO	OR ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	30,552.64
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	UTIONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	

PLE	OGED CONTRIBU	TIONS			SCHEDULE B			
The Instruction Guide explains how to complete this form.					1 Total pages Schedule B: Sch: 1/1 Rpt: 6/12			
2 FILER NA	AME ksburg Tea Party PAC	3						
4 TOTAL	GES			\$ 0.0				
<b>5</b> Date	6 Full name of pledgor  7 Pledgor Address;	#:e	8	Amount of pledge (\$)				
10 Dringing	occupation / Job title (See Instru	otions)	11 5	]	Check if travel outside of Texas. Complete Schedul			
<b>10</b> Рипсіраї	occupation / Job title (See Institu	ctions)	11 Employer (See In	structi	ions)			

	LOANS						SCHED	ULE <b>E</b>
	The Instruction Guide explains how to complete this form.  1 Total pag Sch: 1/1							
2	FILER NAME Fredericksburg	Геа Party PAC			ı	Filer ID 000869	(Ethics Commissio	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:			9 Loan Amount (\$	5)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							<b>11</b> Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were de	eposited	into political accour (See Instruction	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Guaran	teed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 8/12	Fredericksburg Tea Party PAC 00086908
4 Date	5 Payee name
05/09/2024	Bowers, Curtis
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1130
X Expenditure from corporate funds	Opp, AL 36467
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	May Speaker Honorarium
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/21/2024	Dave Covey Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	10745 Hwy 12
Expenditure from corporate funds	Orange, TX 77632
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	David Lowe Campaign
Amount (\$)	
\$500.00	9017 Cedar Breaks Dr.
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
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
Contributions/ Donations Made By -

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 9/12	Fredericksburg Tea Party PAC 00086908
4 Date	5 Payee name
05/14/2024	Direct Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,152.64	1260 S. Business IH35
Expenditure from corporate funds	New Braunfels, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Printing campaign materials
	Timung campaign materials
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/13/2024	Dougherty, Walter (Dr.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	10895 Lakefront Drive
Ψ000.00	10000 Eakeroni Brive
X Expenditure from corporate funds	College Station, TX 77845
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  June Speaker Honorarium
	ound opeaker Honoraham
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/21/2024	Dr. Mary Bone Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	3503 Palmer Cv
, , , , , , , ,	
Expenditure from corporate funds	Round Rock, TX 78664
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
oroun out a ymon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 10/12	Fredericksburg Tea Party PAC 00086908
4 Date	5 Payee name
03/19/2024	Heart of the Hills MOM Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,700.00	103 Industrial Loop #900 78724
	#900
Expenditure from	
corporate funds	Fredericksburg, TX 78724
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 Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Donation
O Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2024	Kyle Biedermann Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1391 Arbor Ridge Road
Expenditure from corporate funds	Fredericksburg, TX 78624
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2024	Lindell, Mike
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1550 Audubon Rd.
Expenditure from corporate funds	Chaska, MN 55318
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Speaker Deposit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 11/12	Fredericksburg Tea Party PAC  00086908
4 Date	5 Payee name
05/04/2024	Rex's Creole Kitchen 78606
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO Box 1858
X Expenditure from corporate funds	Blanco, TX 78606
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	March and April Meeting Meals
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/10/2024	Torrie, VanOs
Amount (\$)	Payee address; City; State; Zip Code
\$800.00	Torrie VanOs
	5867 S. Ranch Rd. 1623
X Expenditure from	
corporate funds	Stonewall, TX 79671
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Newsletter and Website Design
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/10/2024	Torrie, VanOs
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	Torrie VanOs
	5867 S. Ranch Rd. 1623
Expenditure from	
corporate funds	Stonewall, TX 79671
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Newsletter and Website Design
Complete CNU V If all a	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit C/O	•

## 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 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			ages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 5/5 Rpt: 12/12	Fredericksburg Tea Party F	PAC		00086908	
4 Date	5 Payee name				
02/22/2024	Wes Virdell Campaign				
6 Amount (\$) \$5,000.00	7 Payee address; City; P O Box 147	State; Zip Cod	le		
Expenditure from corporate funds	Brady, TX 76825				
8 PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations M			outside of Texas. Com	
_/	Candidate/Officeholder/Po	litical Committee		, TX, officeholder living	expense
			Campaign Co	ontribution	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office souç	ht	Office he	eld