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) 00088750 3 COMMITTEE NAME **OFFICE USE ONLY** Freedoms for Texans PAC Date Received **ELECTRONICALLY FILED** 09/29/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3500 Werner Ave Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78722 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Julie NAME NICKNAME LAST **SUFFIX** Oliver STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3500 Werner Avenue STREET **ADDRESS** (Residence or Business) Austin, TX 78722 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3500 Werner Avenue MAILING **ADDRESS** Austin, TX 78722 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 299-6618 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 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	IAME		13 Filer ID	(Ethics Commission Filers)
Freedoms fo	Texans PAC		00088750	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jennifer Lee State Represent	ative	
(Attach lists on plain paper to complete to report if necessary.	nis	B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, C CONTRIBUTIONS MA X check here if this report q	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) ualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLED	CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,600.00
EXPENDITUR TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL	EXPENDITURES	\$	6,542.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO	ONTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	DAY \$	297.49
OUTSTANDIN LOAN TOTAL	• • • • • • • • • • • • • • • • • • •	MOUNT OF ALL OUTSTANDING LOANS AS OF EPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pertrue and correct and includes all information under Title 15, Election Code.		
		Julie	e Oliver	
		Signature of Ca	ampaign Treasure	r
AFF	X NOTARY STAMP / SEAL ABOVE			
		, 1	this the	day
		hich, witness my hand and seal of office.		
Ciamatu	of officer administering oath F	Printed name of officer administering oath	Title of officer	administering oath
Signature	onoer aunimistering valu F	miled hame of officer authinistering oath	THE OF OHICE	administering vatir

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 13

						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Freedoms for Texans P.	AC			00088750	
	COMMITTEE	1. Candidates	A Supported	Down Dichardson, State Depres	ontotivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dawn Richardson State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	7 ii Gapportoa			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates	A. Supported			
		(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Hillary Hickland State Represen	tative	
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Brad Buckley State Representa	tive	
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 13					
17 COMMITTEE Freedoms fo	NAME or Texans PAC	18 Filer ID 00088750	(Ethics Commission Filers)					
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X S		\$ 6,600.0						
2 5	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOORGANIZATION	PR	\$					
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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 S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 6,542.6					
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	\$					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/13		
2	FILER NAME Freedoms fo	r Texans PAC			3	Filer ID (Ethics Commissio 00088750	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O7/29/2024 Ayres, Robert 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Land Stewar			Shield Ranch	,		
	Date 08/21/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$250.00
	Dringinal occur	Cambridge, MA 02140	_	Employer (See Instructions	·/-		
Principal occupation / Job title (See Instructions) Not employed Not employed		·)					
	Date O8/05/2024 Full name of contributor out-of-state PAC (ID#:) Doumeng, Richard J Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		St Thomas 00802 Virgin Islands, U.S.					
	Principal occu hotel owner	pation / Job title (See Instructions)		Employer (See Instructions self-employed	5)		
	Date 07/26/2024	Full name of contributor out-of-state PAC (ID#:_Ernst, Cliff Contributor address; City; State; Zip Code Austin, TX 78705)		Amount of Contribution (\$)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions McGinnis Lochridge	5)		
Date Full name of contributor out-of-state PAC (ID#:) 07/25/2024 Fant-Simon, Gina Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620		•	Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/13		
2	FILER NAME Freedoms fo	r Texans PAC			3	Filer ID (Ethics Commission 00088750	on Filers)
4	Date 08/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Fant-Simon, Gina 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	DRIPPING SPRINGS, TX 78620 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	•		
	Date 07/25/2024	Full name of contributor out-of-state PAC (II Hinojosa, Gina Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78703					
		pation / Job title (See Instructions)		Employer (See Instructions Texas House District 49			
	State Representative Texas House District 49 Date Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)			
	07/25/2024	Hull, Megan Contributor address; City; State; Zip Code					\$250.00
	Principal occur	Washington, DC 20007 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Activist	patient out the (ess mendenens)		Self	•)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/23/2024 Lewis, Fred Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$100.00		
	'	pation / Job title (See Instructions) n-Profit Advocacy		Employer (See Instructions Self	5)		
Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Minor, Louie Contributor address; City; State; Zip Code Killeen, TX 76541		•	Amount of Contribution (\$)	\$500.00			
		pation / Job title (See Instructions) missioner Pct4		Employer (See Instructions Bell County	5)		
	Southly Com			Don County			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/13	
2	FILER NAME Freedoms fo	r Texans PAC				3	Filer ID (Ethics Commission 00088750	on Filers)
4	Date 07/09/2024	5 Full name of contributor Oliver, Julie6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78722	1					
8	Principal occu Not Employe	pation / Job title (See Instructions ed)	9	Employer (See Instructions Not Employed	5)		
	Date 08/06/2024	Full name of contributor Overton, David Contributor address; City; St)		Amount of Contribution (\$)	\$200.00
	Dringing! goog	Austin, TX 78723	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Employer (See Instructions	<u>,,</u>		
	Principal occupation / Job title (See Instructions) Partner Employer (See Instruction Opus Faveo Innovation			velopment				
	Date 08/05/2024	Full name of contributor Reynolds, Joseph Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$250.00
		Austin, TX 78731						
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	s)		
	Date 08/13/2024	Full name of contributor Scharrer, Gary Contributor address; City; St Austin, TX 78746	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu Communicat	pation / Job title (See Instructions ions)		Employer (See Instructions AGC	5)		
	Date 08/11/2024	Full name of contributor Shaddix, James Contributor address; City; St Houston, TX 77024	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Not employe	pation / Job title (See Instructions d)		Employer (See Instructions Not employed	5)		
	. ,							

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/13	
	FILER NAME Freedoms fo	or Texans PAC		3	Filer ID (Ethics Commission 00088750	on Filers)
	4 Date 07/26/2024 5 Full name of contributor out-of-state PAC (ID#:) Walker, Emily 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
_	Deinsinal	Austin, TX 78746	O Frankrije (Contrakting			
	Not Employe		9 Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/06/2024 Zachary, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Delicalization of a second	Stamford, CT 06905	Fundamental (Construction	<u> </u>		
	Principal occupation / Job title (See Instructions) Not Employed Not Employed Not Employed		5)			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 9/13	Freedoms for Texans PAC	00088750
4 Date	5 Payee name	•
07/07/2024	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$19.75	P.O. Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
07/28/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$71.11	P.O. Box 441146	
¥: =:==		
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising expense
		• 1
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	4	
Date	Payee name	
08/04/2024	ActBlue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$39.50	P.O. Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
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 Fundraising expense
		r analasing expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/Ol		g Onice field

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/5 Rpt: 10/13	Freedoms for Texans PAC			00088750	
4 Date	5 Payee name		· ·		
08/06/2024	ActBlue				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$3.95	P.O. Box 441146				
Expenditure from corporate funds	Somerville, MA 02144				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
OF EXPENDITURE	Fees	· · ·	Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE		_	Check if Austin, TX,		g expense
		-	undraising expe	ense	
O Complete ONLY if direct	Candidate/Officeholder name Office sou	ı abt		Office he	ald.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ugni		Office fie	eiu
Date	Payee name				
08/11/2024	ActBlue				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$57.29	P.O. Box 441146				
Expenditure from					
corporate funds	Somerville, MA 02144				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
EXPENDITURE	Fees	l⊢	Check if travel outsion Check if Austin, TX,		
		<u> </u>	undraising expe		Compense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/OI	1				
Date	Payee name				
08/25/2024	ActBlue				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$9.88	P.O. Box 441146				
Expenditure from corporate funds	Somerville, MA 02144				
PURPOSE	(6) 0 :	(b) D	Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees		Check if travel outside	de of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX,		g expense
		F	Fundraising expe	ense	
		<u> </u>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught		Office he	eld
2					

SCHEDULE F1

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 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: 3/5 Rpt: 11/13	Freedoms for Texans PAC 00088750
4 Date	5 Payee name
09/24/2024	Buildasign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$578.71	11525A Stonehollow Dr.
·	Suite 100
Expenditure from corporate funds	Austin, TX 78758
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Lee, Jennifer State Representative District 55
Date	Payee name
09/24/2024	Buildasign
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$578.70	11525A Stonehollow Dr.
Expenditure from	Suite 100
corporate funds	Austin, TX 78758
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Richardson, Dawn State Representative District 54
Date	Payee name
08/14/2024	Gray, Mikhail
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	813 Snow Bird Drive
Expenditure from	
corporate funds	Harker Heights, TX 76548
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contract Labor
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 12/13	Freedoms for Texans PAC 00088750
4 Date	5 Payee name
09/12/2024	Gray, Mikhail
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	813 Snow Bird Drive
Expenditure from	Harker Heights, TV 76549
corporate funds	Harker Heights, TX 76548
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Contract Labor
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Texas Democratic Party
Amount (¢)	,
Amount (\$)	
\$200.00	PO Box 15707
- Cynanditura fram	
Expenditure from corporate funds	Austin, TX 78761
PURPOSE	(a) Cotagon; (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Event Expense
	EVOIT EXPONSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Texas Democratic Party
09/00/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 15707
Expenditure from corporate funds	Austin, TX 78761
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Event Expense
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)

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

Event Expense
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	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: 5/5 Rpt: 13/13	Freedoms for Texans PAC 00088750
4 Date	5 Payee name
08/06/2024	Worley Printing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$391.87	3217 N Interstate 35 Frontage Rd
Expenditure from corporate funds	Austin, TX 78722
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing Expense
	T mung Expense
O Commission Chilly III I	Open Highest (Office health a groups of the second to the
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxponditure to sometic cre-	Lee, Jennifer State Representative District 55
Date	Payee name
08/06/2024	Worley Printing
Amount (\$)	Payee address; City; State; Zip Code
\$391.87	3217 N Interstate 35 Frontage Rd
Expenditure from corporate funds	Austin, TX 78722
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 Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	Richardson, Dawn State Representative District 54