

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00082943 | 2 Total pages filed: 10 |
| 3 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/06/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2493 Pflugerville, TX 78691 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms. Starlet NICKNAME LAST SUFFIX Sattler | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1207 Fenway Pk Pflugerville, TX 78660 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2493 Pflugerville, TX 78691 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 658-0764 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year 07/01/2024 THROUGH 10/02/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | | |
|--|---|---|
| 12 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | | 13 Filer ID (Ethics Commission Filers) 00082943 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported Ballot ID:Prop A Election Date:2024-11-05 Desc:Travis County ESD No. 2 Election to Abolish and Reduce Sales and Use Tax |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 65,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 36,320.66 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 39,744.03 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Ms. Starlet Sattler _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p> | | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 10

| | | |
|---|---|---|
| 17 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | | 18 Filer ID (Ethics Commission Filers) 00082943 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 65,500.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 36,320.66 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10 |
| 2 FILER NAME Pflugerville Residents for Responsible Taxation | | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 09/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGN & TIMMERMAN LTD <hr/> 6 Contributor address; City; State; Zip Code HUTTO, TX 78634 | 7 Amount of Contribution (\$) \$12,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLAND INVESTMENTS <hr/> Contributor address; City; State; Zip Code HUTTO, TX 78634 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEMANN, ROBERT <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$25,000.00 |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) TIEMANN COMPANY |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEMANN, ROBERT <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$15,000.00 |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) TIEMANN COMPANY |
| Date 09/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM'S ACRES, LTD <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78716 | Amount of Contribution (\$) \$12,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 5/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 09/04/2024 | 5 Payee name ARO GROUP | |
| 6 Amount (\$) \$5,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 706 BLUE HILLS DRIVE DRIPPING SPRINGS, TX 78620 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/16/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name CAPTIONS PRO | | |
| Amount (\$) \$9.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 169 MADISON AVE NEW YORK, NY 11185 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/22/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name Community Impact | | |
| Amount (\$) \$6,666.11 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 6/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 09/10/2024 | 5 Payee name Community Impact | |
| 6 Amount (\$) \$3,140.20 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/19/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name Community Impact | | |
| Amount (\$) \$3,025.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/01/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name Community Impact | | |
| Amount (\$) \$204.69 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 7/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/02/2024 | 5 Payee name Community Impact | |
| 6 Amount (\$) \$6,978.34 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS AND MAILERS |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/06/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name DIRT CHEAP SIGNS | | |
| Amount (\$) \$2,752.26 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6706 LOHMAN FORD RD LAGO VISTA, TX 78645 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/19/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name DIRT CHEAP SIGNS | | |
| Amount (\$) \$1,467.87 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6706 LOHMAN FORD RD LAGO VISTA, TX 78645 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 8/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 09/13/2024 | 5 Payee name GODADDY | |
| 6 Amount (\$) \$166.17 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2155. E. GoDaddy Way Tempe, AZ 85284 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE AND DOMAIN |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/19/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name HOST GATOR | | |
| Amount (\$) \$26.34 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5335 GATE PKWY JACKSONVILLE, FL 32256 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE AND DOMAIN |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/28/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name HOST GATOR | | |
| Amount (\$) \$56.68 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5335 GATE PKWY JACKSONVILLE, FL 32256 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOMAIN NAMES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 9/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 08/30/2024 | 5 Payee name Lamar | |
| 6 Amount (\$) \$5,830.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7020 US Hwy 290 East AUSTIN, TX 78723 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/09/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name MINUTEMAN PRESS | | |
| Amount (\$) \$192.55 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 19832 PANTHER DRIVE PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/02/2024 | Candidate/Officeholder name Office sought Office held | |
| Payee name MINUTEMAN PRESS | | |
| Amount (\$) \$110.78 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 19832 PANTHER DRIVE PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VINYL STICKERS |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 10/10 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 09/24/2024 | 5 Payee name THE HOME DEPOT | |
| 6 Amount (\$) \$51.68 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1517 TOWN CENTER DR PFLUGERVILLE, TX 78660 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) BATTERIES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BATTERIES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/16/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$142.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 301 S. HEATHERWILDE BLVD PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PO BOX | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |