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) 00087777 3 COMMITTEE NAME **OFFICE USE ONLY** Family Empowerment Coalition PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 341027 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Cabell NAME NICKNAME LAST **SUFFIX** Hobbs STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd STREET **ADDRESS** Bldg E-100 (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 277-6095 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 NAME 13 File	er ID (Ethics Commission Filers)
Family Empowerment Coalition PAC 000	087777
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Denise Villalobos State Representation A. Supported Denise Villalobos State Repres	tive
(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.)	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 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)	\$ 300,000.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 303,206.67
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 63,867.32
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT	ı
I swear, or affirm, under penalty of perjury, t true and correct and includes all information under Title 15, Election Code.	
Cabell Hobb	os
Signature of Campaign	n Treasurer
AFFIX 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 01 13
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Family Empowerment C	Coalition PAC			00087777	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Adam Hinojosa State Senator		
	(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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janie Lopez State Representati	ve	
	(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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Lujan State Representativ	re	
	(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			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)	<u> </u>			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 13

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Family Empowerment (Coalition PAC				00087777	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marc LaHood	State Representa	tive	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Don McLaugh	lin State Represe	ntative	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Robert Garza	State Representa	tive	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	•					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			_	5 of 13
17 COMMITT	TEE NAME mpowerment Coalition PAC	18 Filer ID 00087777	(Ethics Commission	on Filers)
	LE SUBTOTALS		Г	
NAME OF	SUBTOTAL A	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	300,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$	
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	IS	\$	303,206.67
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 CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/13
FILER NAME Family Empo	owerment Coalition PAC		3	Filer ID (Ethics Commission Filers) 00087777
			7	Amount of Contribution (\$) \$100,000.00
Principal occu Chairman	Dallas, TX 75225-6548 spation / Job title (See Instructions)	Employer (See Instructions Deason Capital Service		
Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Hock, Stacy A. Contributor address; City; State; Zip Code Austin, TX 78746				Amount of Contribution (\$) \$100,000.00
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	s)	
Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Popolo Jr., Joseph Victor Contributor address; City; State; Zip Code Dallas, TX 75225)		Amount of Contribution (\$) \$100,000.00
Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Charles & Potomac Cap		ILLC

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

Printing Expense Trave
Salaries/Wages/Contract Labor OTHE

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 con	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 7/13	Family Empowerment Coalition PAC	00087777
4 Date	5 Payee name	I
09/26/2024	Chain Bridge Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$25.00	1445-A Laughlin Avenue	
Expenditure from corporate funds	McLean, VA 22101	
8 PURPOSE	<u> </u>	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		Bank Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/26/2024	Chain Bridge Bank	
Amount (\$)	Payee address; City; State; Zip Co	de
\$25.00	1445-A Laughlin Avenue	
Expenditure from corporate funds	McLean, VA 22101	
PURPOSE	ı	(h) Deparintion
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Danking	Check if Austin, TX, officeholder living expense
		Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/26/2024	Chain Bridge Bank	
Amount (\$)	Payee address; City; State; Zip Co	de
\$25.00	1445-A Laughlin Avenue	
Expenditure from corporate funds	McLean, VA 22101	
PURPOSE	1	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Danking	Check if Austin, TX, officeholder living expense
		Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght 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 -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	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: 2/7 Rpt: 8/13	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
09/26/2024	Chain Bridge Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	1445-A Laughlin Avenue
Expenditure from corporate funds	McLean, VA 22101
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 Bank Fee
	Dank ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
09/26/2024	Chain Bridge Bank
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	1445-A Laughlin Avenue
Expenditure from	
corporate funds	McLean, VA 22101
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fee
Commission ONII V if disposi	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Chain Bridge Bank
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	1445-A Laughlin Avenue
Expenditure from	
corporate funds	McLean, VA 22101
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fee
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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
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: 3/7 Rpt: 9/13	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
07/03/2024	Cogency Global Inc.
6 Amount (\$) \$139.00	7 Payee address; City; State; Zip Code P.O. Box 3168
X Expenditure from corporate funds	Hicksville, NY 11802
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Registered Agent Services
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Denise Villalobos Campaign
Amount (\$)	
\$35,000.00	10330 Kingsbury Dr
Expenditure from corporate funds	Corpus Christi, TX 78410
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
09/25/2024	Elect Adam Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$50,000.00	P.O. Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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: 4/7 Rpt: 10/13	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
07/02/2024	Intuit Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.61	2800 E. Commerce Center Place
Evnanditura from	
Expenditure from corporate funds	Tucson, AZ 85706
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/02/2024	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$105.53	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
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
	Software Subscription
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
09/03/2024	Intuit Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$105.53	2800 E. Commerce Center Place
Expenditure from	
corporate funds	Tucson, AZ 85706
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
	Software Subscription
	Solivaro Subsolipion
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Pollin pense Printi Salari	Overhea g Expens ig Expen es/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
<u>_</u>					_	Ell ID	(Ethias Campaignian Eilana)	
1 Total pages Schedule F1: Sch: 5/7 Rpt: 11/13		= oowerment Coalitio	n PAC			3	Filer ID 00087777	(Ethics Commission Filers)
4 Date	5 Payee name							
09/25/2024		z Campaign						
6 Amount (\$) \$40,000.00	7 Payee addre	, ,,	State; Zip	Code				
Expenditure from corporate funds	San Benito	TX 78586						
8 PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the to ns/Donations Made Officeholder/Politic	е Ву	(b)		, TX,	de of Texas. Com , officeholder living ribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office	sought			Office he	eld
Date	Payee name							
09/26/2024	John Lujan	Campaign						
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$50,000.00	P.O. Box 1	1479						
Expenditure from corporate funds	San Antoni	o, TX 78214-0479						
PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the tons: 15/Donations Made Officeholder/Politice	е Ву	(b)		, TX,	de of Texas. Com officeholder living ribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office	sought			Office he	eld
Date 09/25/2024	Payee name LaHood for							
Amount (\$) \$50,000.00	Payee addre 4104 McCu		State; Zip	Code				
Expenditure from corporate funds	San Antoni	o, TX 78212						
PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE		ns/Donations Made Officeholder/Politic			ш	, TX,	de of Texas. Com officeholder living ribution	•
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office	sought			Office he	eld

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

ment Solicitation/Fundraising Expense
nse 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:	
Sch: 6/7 Rpt: 12/13	Family Empowerment Coalition PAC 00087777
4 Date	5 Payee name
09/25/2024	McLaughlin State Rep. District 80 Campaign Account
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40,000.00	PO Box 1707
— Formarditure from	
Expenditure from corporate funds	Uvalde, TX 78802
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/05/2024	RightSide Compliance
Amount (\$)	
` ,	
\$1,470.00	PO Box 341027
Expenditure from	
x corporate funds	Austin, TX 78734
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
08/05/2024	RightSide Compliance
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 341027
4000.00	
X Expenditure from	Auctin TV 70724
corporate failes	Austin, TX 78734
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Sompliance Sonsalany
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/7 Rpt: 13/13	Family Empowerment Coalition PAC 00087777	
4 Date	5 Payee name	
09/04/2024	RightSide Compliance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$180.00	PO Box 341027	
X Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Consulting Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Compliance Consulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
09/26/2024	Robert Garza Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$35,000.00	2116 Veterans Blvd., Ste. 5	
Expenditure from corporate funds	Del Rio, TX 78840	
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	
09/11/2024	The Gober Group, PLLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$666.00	PO Box 341016	
- "		
Expenditure from corporate funds	Austin, TX 78734	
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.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Legal Consulting Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare to benefit C/Of		