#### 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) 00087031 3 COMMITTEE NAME **OFFICE USE ONLY** MOAK CASEY PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ginger NAME NICKNAME LAST **SUFFIX** Averitt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave STREET **ADDRESS** Ste 250 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave. MAILING **ADDRESS** Ste 250 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 560-4098 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 Filer ID (Ett	nics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Dan Patrick Lieutenant Gover	rnor	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	65,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	54,115.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	43,278.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Ging	ger Averitt	
		Signature of Ca	mpaign Treasurer	-
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer ad	ministering oath

### FORM GPAC **ADDENDUM**

					Page 3 01 39
COMMITTEE NAME				<b>13</b> Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Carol Alvarado 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			
	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	Sarah Eckhardt 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	Bob Hall 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.)				

### FORM GPAC **ADDENDUM**

						Page 4 01 39
COMMITTEE NAME MOAK CASEY PAC					<b>13</b> Filer ID 00087031	(Ethics Commission Filers)
MOAK CASET PAC					00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	1 Candidatas	1 Currented	Distriction of Otot	2		
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Phil King State	e Senator		
	(Identify by name or, if applicable, classify by party.)					
(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.)					
		1				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Daniel Alders	State Representa	ative	
(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.)	/ подрежения				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

# FORM GPAC ADDENDUM

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COMMITTEE NAME						
					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Barry Stat	e Representative		
(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.)		Greg Bonnen	State Representat	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarne	r State Represen	itative	
(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.)					

# FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representat	ive	
	(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.)		David Cook State Representativ	/e	
	(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.)		Pat Curry State Representative		
	(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.)				_

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		Fage 1 01 39
12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)
MOAK CASEY PAC		00087031
14 COMMITTEE ACTIVITY  1. Candidates (Identify by name of applicable, classify)	or, if	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	and n and	
	B. Opposed	
3. Officeholde Assisted (Identify by name of applicable, classify	or, if	
COMMITTEE  ACTIVITY  1. Candidate: (Identify by name of applicable, classify)	or, if	ive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	and	
	B. Opposed	
3. Officeholde Assisted (Identify by name of applicable, classify	or, if	
COMMITTEE 1. Candidates ACTIVITY (Identify by name capplicable, classify	or, if	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (Describe by date a location of election nature of issue.)	and	
	B. Opposed	
3. Officeholde Assisted (Identify by name of applicable, classify	or, if	

# FORM GPAC ADDENDUM

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						rage o or 59
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes State Representat	ive	
	(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.)		Charlie Geren State Representa	ative	
	(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.)		Mary Gonzalez State Represen	tative	
	(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.)				

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						rage 9 01 39
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless State Representat	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cody Harris State Representation	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.)		Caroline Harris State Represen	tative	
	(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.)				
		Assisted (Identify by name or, if				

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						rage 10 01 39
NAME					13 Filer ID	(Ethics Commission Filers)
EY PAC					00087031	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickland	State Represen	tative	
on plain plete this ssary.)		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.)					
	Candidates     (Identify by name or, if applicable, classify by party.)		Andy Hopper Si	tate Representat	tive	
on plain plete this ssary.)		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.)					
:	Candidates     (Identify by name or, if applicable, classify by party.)		Donna Howard	State Represent	ative	
n plain plete this ssary.)		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.)					
		(Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if

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							1 ago 11 01 00
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC					00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull Sta	ate Representative		
	(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	1. Candidates	A Sunnarted	Holon Konsin	State Representat	ivo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		neien Kerwin	State Representat	ive	
	(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	Ken King Stat	e Representative		
	(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.)					

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AITTEE NAME  K CASEY PAC  MITTEE  'ITY  In lists on plain to complete this if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Lambert State Represent	13 Filer ID 00087031	(Ethics Commission Filers)
AITTEE 'ITY n lists on plain to complete this	(Identify by name or, if		Stan Lambert State Represent		
'ITY n lists on plain to complete this	(Identify by name or, if		Stan Lambert State Represent	ative	
to complete this		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.)				
MITTEE /ITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mitch Little State Representati	ve	
n lists on plain to complete this 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.)				
MITTEE VITY	Candidates (Identify by name or, if applicable, classify by party.)		AJ Louderback State Represe	ntative	
n lists on plain to complete this 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.)				
	in lists on plain to complete this tif 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	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if	2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if

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											i age	13 01 39
12	COMMITTEE NAME							13 Filer II	D	(Ethics	Commiss	ion Filers)
	MOAK CASEY PAC							0008	7031			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ted	David Lowe	State Represen	ntativ	'e				
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted								
			B. Oppose	ed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		ted	JM Lozano S	state Represent	tative	9				
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted								
			B. Oppose	ed								
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ted	Shelly Luther	State Represe	entat	ive				
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted								
			B. Oppose	ed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
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TEE NAME				13 Filer ID	(Ethics Commission Filers)
ASEY PAC				00087031	
EE	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John McQueeney State Rep	resentative	
ts on plain omplete this ecessary.)		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.)				
EE	Candidates     (Identify by name or, if applicable, classify by party.)		Brent Money State Represer	ntative	
ts on plain omplete this ecessary.)		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.)				
EE	Candidates     (Identify by name or, if applicable, classify by party.)		Matt Morgan State Represer	itative	
ts on plain omplete this ecessary.)		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.)				
		(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if	(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if

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				1 ago 10 01 00
12 COMMITTEE NAME			13 Filer ID (E	thics Commission Filers)
MOAK CASEY PAC			00087031	
14 COMMITTEE 1. Candida (Identify by nar applicable, cla	me or, if	Solomon Ortiz State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measur     (Describe by d     location of elec     nature of issue	ate and ction and			
	B. Opposed			
3. Officeht Assiste (Identify by na applicable, cla	d me or, if			
COMMITTEE 1. Candida	ates A Sunnorted	Jared Patterson State Represen	tativo	
ACTIVITY (Identify by nai applicable, cla	ne or, if	Jaieu Patterson State Represen	lialive	
347	,, p,			
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measur     (Describe by d location of election and the same of issue that the same of	ate and stion and			
	B. Opposed			
3. Officeho Assiste (Identify by na applicable, cla	d me or, if			
COMMITTEE ACTIVITY  1. Candida (Identify by nar applicable, cla	A. Supported	Vince Perez State Representation	/e	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measur     (Describe by d     location of elect     nature of issue	ate and ction and			
	B. Opposed			
3. Officeho Assiste (Identify by na applicable, cla	d me or, if			
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						1 age 10 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Katrina Pierson State Represen	tative	
	(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	1. Candidates	A. Sunnorted	Keresa Richardson State Repre	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Neresa Menarason State Repre	Scritative	
	(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	Nate Schatzline State Represer	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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MMITTEE NAME AK CASEY PAC  MMITTEE TIVITY  ach lists on plain er to complete this ort if necessary.)	Candidates (Identify by name or, if applicable, classify by party.)      Maccourts		Alan Schoolcraft State Represe	13 Filer ID 00087031 ntative	(Ethics Commission Filers)
MMITTEE TIVITY  ach lists on plain er to complete this	(Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represe		
TIVITY  ach lists on plain er to complete this	(Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represe	ntative	
er to complete this	2 Magazira	B. Opposed			
	2 Magazinas				
	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.)				
MMITTEE TIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		JoAnne Shofner State Represer	ntative	
ach lists on plain er to complete this ort 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.)				
MMITTEE FIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Senfronia Thompson State Rep	resentative	
ach lists on plain er to complete this ort 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.)				
	TIVITY  ach lists on plain er to complete this	applicable, classify by party.)  MMITTEE TVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  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.)  MMITTEE TVITY  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	applicable, classify by party.)  MMITTEE TIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  ach lists on plain er to complete this ort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if	applicable, classify by party.)  MMITTEE TIVITY  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  B. Opposed  3. Officeholders Assisted (Identify by name or, if

# FORM GPAC ADDENDUM

Page 18 of 39

						1 age 10 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Toth State Representative	e	
	(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	1. Candidates	A Supported	Wesley Virdell State Representa	ativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Wesley Vilueii State Representa	alive	
	(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	Trey Wharton State Representa	itive	
	(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.)				

### GENERAL-PURPOSE COMMITTEE REPORT:

# FORM GPAC ADDENDUM

PURPOSE						Page 19 of 39
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Scott Brister	Court Of Appea	ls, Justice	
(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

	20 of 39						
		SEY PAC	<b>18</b> Filer ID 00087031	(Ethics Cor	nmission Filers)		
		E SUBTOTALS	00001001				
l	ME OF		SUBT	OTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	65,000.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.			\$				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS						
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	54,115.25		
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	\$			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHED	ULE <b>A1</b>
-	The Instru	ction Guide explains how to co	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 21/39	
	FILER NAME MOAK CASI	EY PAC			3	Filer ID (Ethics Commis 00087031	sion Filers)
	Date 07/01/2024				7	Amount of Contribution (\$	\$15,000.00
8 1	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	[5	Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out  MoakCasey, LLC  Contributor address; City; State; Zip  Austin, TX 78701	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$	) \$25,000.00
ı	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/13/2024	Full name of contributor out MoakCasey, LLC Contributor address; City; State; Zig	t-of-state PAC (ID#: p Code	)		Amount of Contribution (\$	\$25,000.00
ı	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)		

#### SCHEDULE F1

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

**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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/18 Rpt: 22/39 MOAK CASEY PAC 00087031 4 Date Payee name 07/27/2024 Alders, Daniel 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 8907 Expenditure from Tyler, TX 75711 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2024 Alvarado, Carol Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Bo 230842 Expenditure from Houston, TX 77223 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/24/2024 Barry, Jeff Amount (\$) Payee address; City: State; Zip Code \$500.00 4418 Broadway Expenditure from corporate funds Pearland, TX 77581 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/18 Rpt: 23/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/13/2024	Bonnen, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 41964
Expenditure from corporate funds	Houston, TX 77241
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
09/25/2024	Brister, Scott
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1005 Congress Avenue Suite 400
Expenditure from corporate funds	Austin, TX 78701
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
6 .	
Date	Payee name
09/10/2024	Bumgarner, Ben
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5150 Kensington Court
Expenditure from corporate funds	Flower Mound, TX 75022
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/18 Rpt: 24/39	MOAK CASEY PAC 00087031
	I .
4 Date	5 Payee name
07/15/2024	Cain, Briscoe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 7
Expenditure from	Deer Park, TX 77536
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaige Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>7</b>
Date	Payee name
09/13/2024	Cook, David
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	309 E Broad St.
φ500.00	309 E Bload St.
Expenditure from	
corporate funds	Mansfield, TX 76063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/13/2024	Curry, Pat
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	204 Woodhew Drive
Expenditure from	
corporate funds	Waco, TX 76712
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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	Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 4/18 Rpt: 25/39	MOAK CASEY PAC	00087031					
4 Date	5 Payee name						
09/23/2024	Darby, Drew						
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Co P.O. Box 3284	ode					
Expenditure from corporate funds	San Angelo, TX 76902						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.					
EXI ENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense					
		Campaige Contribution					
O Commisto ONII V if direct	Condidate/Officeholder name	Office held					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held					
Date	Payee name						
09/23/2024	Dean, Jay						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$500.00	3822 Holly Ridge						
Expenditure from corporate funds	Longview, TX 75605						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.					
LAFENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense					
		Campaige Contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ught Office held					
Date	Payee name						
07/28/2024	Dyson, Paul						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$1,000.00	4040 Hwy 6 Ste 200						
Expenditure from corporate funds	College Station, TX 77845						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.					
-	Candidate/Officeholder/Political Committee	Compains Contribution					
		Campaige Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held					
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 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 (other a cottographed 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: 5/18 Rpt: 26/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/04/2024	Eckhardt, Sarah
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 301586
Expenditure from	
corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigo Comination
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
09/13/2024	Gerdes, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOX 1060
Expenditure from	
corporate funds	Smithville, TX 78957
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/13/2024	Geren, Charlie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Sampaige Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 6/18 Rpt: 27/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/13/2024	Gonzalez, Mary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 450
Expenditure from corporate funds	Clint, TX 79836
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaige Contribution
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Dougo nama
	Payee name
09/19/2024	Hall, Bob
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 513
Expenditure from	
corporate funds	Canton, TX 75103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
08/01/2024	Harland Clarks
Amount (\$)	Payee address; City; State; Zip Code
\$165.25	15955 La Cantera Parkway
Expenditure from	
corporate funds	San Antonio, TX 78256
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
	Check Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 7/18 Rpt: 28/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/13/2024	Harless, Sam
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	15814 Champion Forest PMB 312
Expenditure from corporate funds	Spring, TX 77379
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Pouro nomo
	Payee name
09/04/2024	Harris, Caroline
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-1</del>
Date	Payee name
09/03/2024	Payee name Harris, Cody
	-
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1007 N Mallard
Expenditure from	
corporate funds	St Palestine, TX 75801
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
	Campaige Contribution
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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District 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: 8/18 Rpt: 29/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
07/08/2024	Hickland, Hillary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2130 Allenna Lane
Expenditure from corporate funds	Temple, TX 76502
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaige Contribution
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Hopper, Andy
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1052
Expenditure from corporate funds	Decatur, TX 76234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/13/2024	Howard, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 5375
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONII V Maline	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/18 Rpt: 30/39	MOAK CASEY PAC 00087031
	l.
4 Date	5 Payee name
08/08/2024	Huffman, Joan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 41964
Expenditure from corporate funds	Houston, TX 77241
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/27/2024	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
6 .	
Date	Payee name
09/19/2024	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 3284
Expenditure from corporate funds	San Angelo, TX 76902
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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
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: 10/18 Rpt: 31/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
07/08/2024	Kerwin, Helen
	·
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	420 Grand Avenue
Expenditure from	
corporate funds	Glen Rose, TX 76043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/13/2024	King, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 517
\$1,000.00	F.O. BOX 317
Expenditure from	
corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/27/2024	King, Phil
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
Ψ1,000.00	1101 50% 1010
Expenditure from	
corporate funds	Weatherford, TX 76086
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	•

#### 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/Award/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 By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/18 Rpt: 32/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/23/2024	Lambert, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 3752
Expenditure from	
corporate funds	Abilene, TX 79604
8 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
	Campaige Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
07/08/2024	Little, Mitch
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1505 Elm ST Suite 1601
Expenditure from corporate funds	Dallas, TX 75201
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payeo namo
08/27/2024	Payee name
	Louderback, AJ
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1792
Expenditure from	
corporate funds	Victoria, TX 77902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

#### 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
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)
, •	MOAK CASEY PAC 00087031
Sch: 12/18 Rpt: 33/39	l.
4 Date	5 Payee name
07/08/2024	Lowe, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	9017 Cedar Breaks Drive
<b>\$2,000.00</b>	COLI COMA BIOMIC BING
Expenditure from	
corporate funds	North Richland Hills, TX 76182
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/04/2024	Lozano, JM
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	727 Arroyo Dr
Expenditure from	Kingsville, TX 78363
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	
Date	Payee name
07/08/2024	Luther, Shelly
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	587 White Mound Rd.
Expenditure from	
corporate funds	Sherman, TX 75090
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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
OTHER (parter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/18 Rpt: 34/39 MOAK CASEY PAC 00087031 4 Date Payee name 07/08/2024 McQueeney, John 6 Amount (\$) Payee address; State; Zip Code City; \$1,000.00 P.O. Box 100458 Expenditure from Fort Worth, TX 76185 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2024 Money, Brent Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2606 Lee Street Expenditure from Greenville, TX 75401 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/24/2024 Morgan, Matt Amount (\$) Payee address: City: State; Zip Code \$1,000.00 503 FM 359 Ste. 130 Expenditure from corporate funds Richmond, TX 77406 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/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
OTHEP (expense a category not listed above)

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/18 Rpt: 35/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
09/13/2024	Ortiz, Solomon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 286
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Corpus Christi, TX 78403
•	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
08/27/2024	Patrick, Dan
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 685085
Ψ10,000.00	1.0. Box 663663
Expenditure from	Austin TV 70700
corporate funds	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaige Contribution
	Gampaige continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies warms
09/23/2024	Payee name  Patterson lared
	Patterson, Jared
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5419.
Expenditure from	
corporate funds	Frisco, TX 75035
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigo Sommodion
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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
OTHER (other a cottographed 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: 15/18 Rpt: 36/39	MOAK CASEY PAC 00087031
·	I .
4 Date	5 Payee name
08/14/2024	Perez, Vince
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 71309
Expenditure from corporate funds	El Paso, TX 79917
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
07/08/2024	Pierson, Katrina
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 672
Expenditure from corporate funds	Rockwall, TX 75087
PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/08/2024	Richardson, Keresa
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1179
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	· · · · · · · · · · · · · · · · · · ·
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### 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)

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: 16/18 Rpt: 37/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
08/06/2024	Ross Fischer Law, PLLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$450.00	430 Old Fitshugh, No 7
- "	
X Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Legal Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/13/2024	Schatzline, Nate
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 162564
Ψ000.00	1.0. Box 10200+
Expenditure from corporate funds	Fort Worth, TX 76181
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigo Comination
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/08/2024	Schoolcraft, Alan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8647 FM 725
<del>+=</del> ,000.00	
Expenditure from corporate funds	McQueeney, TX 78123
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sampaige Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 17/18 Rpt: 38/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
07/26/2024	Shofner, JoAnne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	638A N. University Drive #177
Expenditure from corporate funds	Nacogdoches, TX 75961
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/13/2024	Thompson, Senfronia
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4828 Loop Central Dr. #600
φ1,000.00	4020 L00p Cential Dr. #000
Expenditure from	
corporate funds	Houston, TX 77081
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaige Contribution
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/13/2024	Toth, Steve
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	67 Chestnut Meadow Dr #100
Expenditure from corporate funds	Conroe, TX 77384
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Campaige 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)** 

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

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
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 18/18 Rpt: 39/39	MOAK CASEY PAC 00087031
4 Date	5 Payee name
07/15/2024	Virdell, Wesley
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 147
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 Made By
_/	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/25/2024	Wharton, Trey
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1242
Expenditure from corporate funds	Huntsville TX, TX 77342
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	