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) 00057682 3 COMMITTEE NAME **OFFICE USE ONLY Texas Parent PAC** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 303010 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703-0051 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Blake G. NAME NICKNAME LAST **SUFFIX** Powell STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 108 Wild Basin Rd., Ste. 100 STREET **ADDRESS** (Residence or Business) Austin, TX 78746 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 108 Wild Basin Rd., Ste. 100 MAILING **ADDRESS** Austin, TX 78746 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 494-1177 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 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	(Ethics Commission Filers)
Texas Parent PAC			00057682	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jonathan Gracia State Repres	entative	
(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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	290.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,540.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	107.42
	4. TOTAL POLITICA	L EXPENDITURES	\$	64,264.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,814.38
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		'	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Blake	G. Powell	
		Signature of Car	ກpaign Treasເ	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tr	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
orgination of officer at			11.00 01 0111	co. carminotoring outil

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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					rage 3 01 30
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Parent PAC				00057682	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Laurel Jordan Swift State Repre	esentative	
(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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates	-	Solomon Ortiz State Representa	ativo.	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Solomon Oniz State Represent	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.)		Kristian Carranza State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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					Fage 4 01 30
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Parent PAC				00057682	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		d Elizabeth Ginsberg State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported	t		
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates		d Averie Bishop State Representa	ativo.	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Avene dishop State Nepresent	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	i		
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Denise Wilkerson State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported	1		
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 30

						rage 3 01 30
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Parent PAC				00057682	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jennie Birkholz State Represen	tative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
	COMMITTEE	applicable, classify by party.)		Miles In Blass Out a Brown of		
	ACTIVITY	Candidates (Identify by name or, if		Mihaela Plesa State Representa	ative	
		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			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.))			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jennifer Lee State Representati	ve	
	(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.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.))			

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

					13 Filer ID	Page 6 of 30 (Ethics Commission Filers)
					00057682	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Michelle B	eckley State	Represer		
	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.)						
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed	(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	(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	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported A. Supported

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					7 of 30
17 COMM Texas		E NAME ent PAC	18 Filer ID 00057682	(Ethi	cs Commission Filers)
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50,540.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		\$			
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
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 CONTRIBUTIONS	6	\$	64,264.03
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	ITRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 8/30	
2	FILER NAME Texas Paren	t PAC			3	Filer ID (Ethics Commission 00057682	on Filers)
4	Date 10/17/2024	 Full name of contributor ot ot Olimbio Allbee, Patricia Contributor address; City; State; Zite)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Garland, TX 75044 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Writer/Busine		l ^s	Employer (See Instructions)		
	Date 09/29/2024	Full name of contributor out of Almquist, Arthur Contributor address; City; State; Zithur Contributor address; City; State; Zithur Contributor, TX 77027				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired Attor	ney					
	Date 10/22/2024	Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109	ı				
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor on Deaird, Richard Contributor address; City; State; Zivity, TX 78640				Amount of Contribution (\$)	\$100.00
	Principal occu Facility Mana	pation / Job title (See Instructions) uger		Employer (See Instructions)		
	Date 10/22/2024	Bingham, William	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 9/30	
2	FILER NAME Texas Paren	t PAC			3	Filer ID (Ethics Commission 00057682	ion Filers)
4	Date 10/04/2024	 Full name of contributor out-of-state PA Boswell, Lynn Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Documentary		3	Employer (See mstructions	')		
	Date 10/18/2024	Full name of contributor out-of-state PA Boyle, Carolyn Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Community Volunteer						
	Date 10/23/2024	Full name of contributor out-of-state PA Boyle, Carolyn Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Community \			Employer (Goo moudourne	,		
	Date 10/12/2024	Full name of contributor out-of-state PABrown, Clifford L. Contributor address; City; State; Zip Code Corsicana, TX 75151-1001				Amount of Contribution (\$)	\$2,500.00
	Principal occu Geologist	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/07/2024	Full name of contributor out-of-state PABrumley, Jon Contributor address; City; State; Zip Code Fort Worth, TX 76102				Amount of Contribution (\$)	\$20,000.00
	Principal occu Executive	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 10/30	
2	FILER NAME Texas Paren	t PAC			3	Filer ID (Ethics Commission 00057682	n Filers)
4	Date 10/02/2024	5 Full name of contributorBull, Blaine6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	į,	Employer (See Instructions	;) 		
Ü	Small Busine			2 Employer (See instructions	,,		
	Date 10/11/2024	Full name of contributor Chavez, Jesus Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	School Admi	nistrator					
	Date 10/03/2024	Full name of contributor Churchill, Laura Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75093					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 10/15/2024	Full name of contributor Dahlander, Jon Contributor address; City; Sta Dallas, TX 75229)		Amount of Contribution (\$)	\$100.00
	Principal occu School Admi	pation / Job title (See Instructions) nistrator		Employer (See Instructions	5)		
	Date 10/12/2024	Full name of contributor Dochen, Sandy Contributor address; City; Sta Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 11/30	
2	FILER NAME Texas Paren	t PAC		3	Filer ID (Ethics Commission 00057682	on Filers)
4	Date 10/17/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Dringing age	Pflugerville, TX 78660	O Employer (Coo Instructions			
ð	Executive Di	pation / Job title (See Instructions) rector	9 Employer (See Instructions)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Everitt, Patti Contributor address; City; State; Zip Code Austin, TX 78722			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Education Co	onsultant				
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_Fisher, Tracy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Coppell, TX 75019				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Gregg, Brock Contributor address; City; State; Zip Code Pflugerville, TX 78660			Amount of Contribution (\$)	\$250.00
	Principal occu Association I	oation / Job title (See Instructions) Employee	Employer (See Instructions)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ Griffith, Susan Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00
	Principal occu Realtor	oation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	ΓIONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 12/30	
2	FILER NAME Texas Paren	t PAC		3	Filer ID (Ethics Commission 00057682	on Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC (Griggs, Bob Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
8	Principal occur	North Richland Hills, TX 76182 pation / Job title (See Instructions)	9 Employer (See Instruction:) 		
0	Retired	valion / Job line (See instructions)	5 Employer (See Instructions	15)		
	Date 10/14/2024	Full name of contributor out-of-state PAC (Haenisch, Barry Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occur	Rochelle, TX 76872 pation / Job title (See Instructions)	Employer (See Instructions	(2)		
	Retired	auton 7 305 title (See instructions)	Employer (See instructions	13)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (Hall, Kathryn Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$500.00
		Sweetwater, TX 79556				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (Hartman, Eric Contributor address; City; State; Zip Code Austin, TX 78703	ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired Lawy	oation / Job title (See Instructions) er	Employer (See Instructions	ıs)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (Herrera, Alfred Contributor address; City; State; Zip Code Austin, TX 78756	ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 13/30	
2	FILER NAME Texas Paren	t PAC		3	Filer ID (Ethics Commission 00057682	on Filers)
4	Date 10/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	5	Thrall, TX 76578-5741	1	<u></u>		
8		pation / Job title (See Instructions) Development	9 Employer (See Instructions	5)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Howard, Rick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Comanche, TX 76442 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Field Service Representative					
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Keith, L Blain Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78757				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Koehl, Judy Contributor address; City; State; Zip Code Huntsville, TX 77342-1424			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Lomax, Nancy Contributor address; City; State; Zip Code Houston, TX 77025)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Volunteer	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 14/30	
2	FILER NAME Texas Parer	t PAC			3	Filer ID (Ethics Commission 00057682	on Filers)
4	Date 10/24/2024	5 Full name of contributor out-of-state PAC (ID#:) Mayton, Emma Lea 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Austin, TX 78757					
8	Principal occu Retired Educ	pation / Job title (See Instructions cator	s)	9 Employer (See Instructions	s)		
	Date 10/10/2024	Full name of contributor Merritt, Thomas Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Kilgore, TX 75662 pation / Job title (See Instructions	s)	Employer (See Instructions	 - S)		
	Retired						
	Date 10/02/2024					Amount of Contribution (\$)	\$100.00
	Houston, TX 77025						
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 10/17/2024	Full name of contributor Noble, Shannon Contributor address; City; S Austin, TX 78749	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Norris, Karen Ann Contributor address; City; State; Zip Code Austin, TX 78747			Amount of Contribution (\$)	\$500.00		
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complet	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 15/30			
2	FILER NAME Texas Paren	t PAC			3	Filer ID (Ethics Commission 00057682	on Filers)	
4	Date 09/28/2024				7	Amount of Contribution (\$)	\$100.00	
_		Austin, TX 78756		5 1 (2 1 : "				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Pearson, Matthew Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00	
	Boerne, TX 78015							
Principal occupation / Job title (See Instructions) Attorney Employer (See Instruction				Employer (See instructions	')			
	Date Full name of contributor out-of-state PAC (ID#:) 10/07/2024 Ramm, Harold Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00		
	Belton, TX 76513							
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/14/2024 Ratliff, Bennett Contributor address; City; State; Zip Code Plano, TX 75074			Amount of Contribution (\$)	\$500.00			
	Principal occu Civil Engine	oation / Job title (See Instructions) r		Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Rebecca Bell-Metereau Campaign Contributor address; City; State; Zip Code San Marcos, TX 78667			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			ı					

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 16/30	
2	FILER NAME Texas Parer	t PAC		3	Filer ID (Ethics Commission 00057682	on Filers)	
4	Date 10/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Robinson, John T 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Houston, TX 77002					
8	Principal occu Designer	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/29/2024					Amount of Contribution (\$)	\$1,000.00
	Principal occu	Sulphur Springs, TX 75482 pation / Job title (See Instructions)	1	Employer (See Instructions	رد 		
	Banker	sation, oob title (oce manachons)		Employer (See Manachoria	,, 		
	Date 10/21/2024					Amount of Contribution (\$)	\$250.00
	Austin, TX 78757						
	County Com	pation / Job title (See Instructions) missioner		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Siff, Ted Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/06/2024 Spruce, Susan Contributor address; City; State; Zip Code Austin, TX 78751-2647					Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CO	NTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 17/30	
2	FILER NAME Texas Paren	t PAC				Filer ID (Ethics Commission 00057682	n Filers)
4	Date 10/23/2024	5 Full name of contributor out-of-state PAC (ID#:) St. John, Becky 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Grapevine, TX 76051					
8	Principal occu Housing Cod	pation / Job title (See Instructions) ordinator	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/26/2024 St. John, Becky Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Housing Cod	rdinator					
	Date Full name of contributor out-of-state PAC (ID#:) 10/14/2024 Sung, Anne Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
		Houston, TX 77063					
	Principal occu Policy Direct	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2024 Sweeney, Cathy Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$100.00		
	Principal occupation / Job title (See Instructions) United Methodist Church Pastor Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Yeager, Laura Contributor address; City; State; Zip Code Austin, TX 78705				Amount of Contribution (\$)	\$250.00	
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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 F	ilers)
Sch: 1/13 Rpt: 18/30	Texas Parent PAC 00057682	
4 Date	5 Payee name	
10/16/2024	Beaird, Carolyn	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$390.00	369 Fawn River Run	
Expenditure from corporate funds	Kyle, TX 78640	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Salaries/Wages/Contract Labor	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Contract Labor	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitire to benefit C/Oi	/n	
Date	Payee name	
10/25/2024	Beckley, Michelle	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	1845 E Frankford Rd	
Expenditure from corporate funds	Carrollton, TX 75007	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Direct Contribution for HD 63 Campaign	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH	
Date	Payee name	
10/09/2024	Carranza, Kristian	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	PO Box 831436	
Expenditure from corporate funds	San Antonio, TX 78283	
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	
	Direct Contribution for HD 118 Campaign	
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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense 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: 2/13 Rpt: 19/30	Texas Parent PAC 00057682
4 Date	5 Payee name
10/25/2024	Carranza, Kristian
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 831436
Expenditure from corporate funds	San Antonio, TX 78283
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Click & Pledge
Amount (\$)	Payee address; City; State; Zip Code
\$5.25	12202 Airport Way, Ste 100
Expenditure from corporate funds	Broomfield, CO 80021
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.
-	Click & Pledge Donation Bank Fees
	Shok & Fledge Bohation Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/17/2024	Click & Pledge
Amount (\$)	Payee address; City; State; Zip Code
\$10.50	12202 Airport Way, Ste 100
Expenditure from corporate funds	Broomfield, CO 80021
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
	Click & Pledge Donation Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 20/30	Texas Parent PAC 00057682
4 Date	5 Payee name
10/21/2024	Click & Pledge
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.93	12202 Airport Way, Ste 100
Expenditure from corporate funds	Broomfield, CO 80021
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.
	Click & Pledge Donation Bank Fees
	Shok & Fledge Bohanon Bank Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/22/2024	Click & Pledge
Amount (\$)	Payee address; City; State; Zip Code
\$4.56	12202 Airport Way, Ste 100
Expenditure from corporate funds	Broomfield, CO 80021
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Click & Pledge Donation Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/23/2024	Click & Pledge
Amount (\$)	Payee address; City; State; Zip Code
\$12.68	12202 Airport Way, Ste 100
Expenditure from corporate funds	Broomfield, CO 80021
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Click & Pledge Donation Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

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: 4/13 Rpt: 21/30	Texas Parent PAC 00057682
4 Date	5 Payee name
10/25/2024	Click & Pledge
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.78	12202 Airport Way, Ste 100
Expenditure from	Proomfield CO 00021
corporate funds	Broomfield, CO 80021
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Click & Pledge Donation Bank Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/09/2024	Gracia, Jonathan
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$5,000.00	932 E Van Buren
Expenditure from corporate funds	Brownsville, TX 78520
•	To.
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
	Direct Campaign Contribution for HD 37 Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
5 .	
Date	Payee name
10/10/2024	Jason's Deli
Amount (\$)	Payee address; City; State; Zip Code
\$107.81	4302 W Waco Dr
\$107.01	4002 W Wallo B1
Expenditure from	
corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Lunch Meeting Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lunch Payment
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought 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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 5/13 Rpt: 22/30	Texas Parent PAC 00057682
4 Date	5 Payee name
10/11/2024	Lee, Jennifer
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 1916
- Evpanditura from	
Expenditure from corporate funds	Temple, TX 76503
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/09/2024	Ortiz, Solomon
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 286
Expenditure from	
corporate funds	Corpus Christi, TX 78403
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
	Birost Contribution for the 64 Campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 · · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/21/2024	Ortiz, Solomon
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 286
Expenditure from	
corporate funds	Corpus Christi, TX 78403
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
	Direct Contribution for the 54 Campaign
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 -Candidate/Officeholder/Political Committe 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

sement Solicitation/Fundraising Expense

xpense 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/Wag	es/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 23/30	Texas Parent PAC	00057682
4 Date	5 Payee name	
09/27/2024	ProPay Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5.41	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
8 PURPOSE) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, toooanting, Danking	Check if Austin, TX, officeholder living expense
		Click & Pledge Donation Bank Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	4	
Date	Payee name	
09/29/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$136.41	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Click & Pledge Donation Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/30/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$107.03	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	l state of great g	Check if Austin, TX, officeholder living expense
		Click & Pledge Donation Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experiolitie to beliefft 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 7/13 Rpt: 24/30	2	FILER NAME Texas Parent PAC		3 Filer ID (Ethics Commission Filers) 00057682
4	Date 10/03/2024	5	Payee name ProPay Inc		
6	Amount (\$) \$33.86	7	Payee address; City; State; Zip Co 3400 Ashton Blvd, Ste 200	ode	
	Expenditure from corporate funds		Lehi, UT 84043		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Click & Pledge Donation Bank Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ıght	Office held
	Date 10/04/2024		Payee name ProPay Inc		
	Amount (\$) \$75.79 Expenditure from corporate funds		Payee address; City; State; Zip Co 3400 Ashton Blvd, Ste 200 Lehi, UT 84043	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Click & Pledge Donation Bank Fees
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	Date 10/08/2024 Amount (\$)		Payee name ProPay Inc Payee address; City; State; Zip Co	nde	
	\$31.31		3400 Ashton Blvd, Ste 200	, a.c	
	Expenditure from corporate funds		Lehi, UT 84043		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Click & Pledge Donation Bank Fees
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 8/13 Rpt: 25/30	Texas Parent PAC 00057682	
4 Date	5 Payee name	
10/08/2024	ProPay Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7.96	3400 Ashton Blvd, Ste 200	
— Forest dit us from		
Expenditure from corporate funds	Lehi, UT 84043	
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.	
	Click & Pledge Donation Bank Fees	
	Click & Fledge Dorlation Bank Fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data		_
Date	Payee name	
10/09/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.09	3400 Ashton Blvd, Ste 200	
Evanditure from		
Expenditure from corporate funds	Lehi, UT 84043	
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.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Click & Pledge Donation Bank Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitie to benefit C/Oi		
Date	Payee name	
10/10/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$261.26	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
PURPOSE		_
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	Check if Austin, TX, officeholder living expense	
	Click & Pledge Donation Bank Fees	
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)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/13 Rpt: 26/30	Texas Parent PAC	00057682
4 Date	5 Payee name	-
10/15/2024	ProPay Inc	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$45.73	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Click & Pledge Donation Bank Fees
• • • • • • • • • • • • • • • • • • •		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held
Date	Payee name	
10/15/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$18.54	3400 Ashton Blvd, Ste 200	
Expenditure from		
corporate funds	Lehi, UT 84043	
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 Click & Pledge Donation Bank Fees
		Short at leage Bollation Ballit 1 ees
Complete ONLY if direct	Candidate/Officeholder name Office s	Sought Office held
expenditure to benefit C/O		
Date	Payee name	
10/16/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$44.78	3400 Ashton Blvd, Ste 200	Code
Ψ44.70	3400 ASHION DIVI, Sie 200	
Expenditure from corporate funds	Lehi, UT 84043	
·		(h) p
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		Click & Pledge Donation Bank Fees
Complete ONLY if direct		sought Office held
expenditure to benefit C/O	Н	

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

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: 10/13 Rpt: 27/30	Texas Parent PAC 00057682		
4 Date	5 Payee name		
10/17/2024	ProPay Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$50.05	3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Click & Pledge Donation Bank Fees		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
10/02/2024	ProPay Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$15.63	3400 Ashton Blvd, Ste 200		
Ψ10.00	Ond / Ishlah Biva, die 200		
Expenditure from corporate funds	Lehi, UT 84043		
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		
	Click & Pledge Donation Bank Fees		
Complete ONLY if direct	Constitute (Office helder name Office accepts		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
10/09/2024	Prosperity Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.00	900 Congress Ave		
Expenditure from corporate funds	Austin, TX 78701		
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		
	Wire Transfer Invoice Payment		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		

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

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: 11/13 Rpt: 28/30	Texas Parent PAC 00057682	
4 Date	5 Payee name	
10/09/2024	Swift, Laurel Jordan	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	PO Box 6866	
Expenditure from corporate funds	San Antonio, TX 78209	
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	
	Birect Campaign Contribution for the 121 Campaign	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Ol		
Date	Payee name	
10/17/2024	Teddlie Stuart Media Partners, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,476.59	511 Washburn St	
Expenditure from		
corporate funds	Taylor, TX 76574	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Inkind Donation Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	IK-Elizabeth Ginsberg HD 108 Campaign Support Mailers	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
10/17/2024	Teddlie Stuart Media Partners, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,739.07	511 Washburn St	
Expenditure from		
corporate funds	Taylor, TX 76574	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Inkind Donation Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense IK-Averie Bishop HD 112 Campaign Support Mailers	
	IN-Avene Dishop TiD 112 Campaigh Support Mailers	
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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 12/13 Rpt: 29/30	Texas Parent PAC 00057682			
4 Date	5 Payee name			
10/17/2024	Teddlie Stuart Media Partners, Inc			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,844.33	511 Washburn St			
Expenditure from corporate funds	Taylor, TX 76574			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Inkind Donation Check if travel outside of Texas. Complete Schedule T.			
	☐ Check if Austin, TX, officeholder living expense IK-Denise Wilkerson HD 94 Campaign Support			
	Mailers Mailers			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name	=		
10/17/2024	Teddlie Stuart Media Partners, Inc			
Amount (\$)	Payee address; City; State; Zip Code	_		
\$8,862.21	511 Washburn St			
Expenditure from corporate funds	Taylor, TX 76574			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Inkind Donation Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense IK-Jennie Birkholz HD 52 Campaign Support Maile			
	ik-Jerinie Birkholz HD 32 Campaigh Support Malie	3		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
expenditure to benefit C/OI	H			
Date	Payee name			
10/17/2024	Teddlie Stuart Media Partners, Inc			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,415.87	511 Washburn St			
Expenditure from corporate funds	Taylor, TX 76574			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
OF EXPENDITURE	Inkind Donation			
LAFLINDITUKE	Check if Austin, TX, officeholder living expense			
	IK-Mihaela Plesa HD 70 Campaign Support Mailers			
		_		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiment to serious event				
		_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/13 Rpt: 30/30	Texas Parent PAC	00057682
4 Date	5 Payee name	·
10/17/2024	Teddlie Stuart Media Partners, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$3,232.18	511 Washburn St	
Expenditure from		
corporate funds	Taylor, TX 76574	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Inkind Donation	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IK-Jennifer Lee HD 55 Campaign Support Mailers
		common 200 m. 200 campang. Cappen manere
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	-1	
Date	Payee name	
10/16/2024	Wood, Mariann	
Amount (\$)	Payee address; City; State; Zip C	ode
\$660.00	16738 State Hwy 59 N	
Expenditure from corporate funds	Weston, WY 82731	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Data Entry
		,
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	-	