GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The GPAC Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers) 00087031

2 Total pages filed: 12

3 COMMITTEE NAME

MOAK CASEY PAC

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED

10/27/2024

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

1001 Congress Ave

Ste 250

Austin, TX 78701

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5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Ginger	

NICKNAME	LAST	SUFFIX
	Averitt	

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6 CAMPAIGN TREASURER STREET ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

1001 Congress Ave

Ste 250

Austin, TX 78701

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7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

1001 Congress Ave.

Ste 250

Austin, TX 78701

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8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(512) 560-4098

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9 REPORT TYPE

☐ January 15

☐ July 15

☐ 30th day before election

☒ 8th day before election

☐ Runoff

☐ Dissolution (Attach PAC-DR)

☐ 10th day after campaign treasurer termination

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10 PERIOD COVERED

Month   Day   Year
09/27/2024   THROUGH   Month   Day   Year
10/26/2024

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11 ELECTION

ELECTION DATE
Month   Day   Year
11/05/2024

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other
☒ General   ☐ Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME	**13** Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC	00087031	

14 COMMITTEE ACTIVITY	1. Candidates	A. Supported	Mackenzie Kelly State Representative
(Attach lists on plain paper to complete this report if necessary.)	(Identify by name or, if applicable, classify by party.)	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.)		

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$	0.00
	4. TOTAL POLITICAL EXPENDITURES	$	8,950.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$	27,728.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Ginger Averitt
_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME	**13** Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC	00087031	

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brooks Landgraf State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Gary VanDeaver State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Janis Holt State Representative
		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: PURPOSE

12 COMMITTEE NAME	**13** Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC	00087031	

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Schofield State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jolanda Jones State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Alma Allen State Representative
		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: PURPOSE

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
MOAK CASEY PAC	00087031

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Linda Garcia State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Aicha Davis State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Charles Cunningham State Representative
		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: PURPOSE

12 COMMITTEE NAME	**13** Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC	00087031	

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Marc LaHood State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Pam Little State Board Of Education
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dawn Buckingham Land Commissioner
		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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME	**18** Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC	00087031	

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5. ☐	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6. ☐	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
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. ☒	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 8,950.00
11. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
12. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
13. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
14. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
15. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 8/12	MOAK CASEY PAC	00087031

4 Date	**5** Payee name
10/14/2024	Allen, Alma

6 Amount ($)	**7** Payee address; City; State; Zip Code
$500.00	3717 Cork Drive
☐ Expenditure from corporate funds	Houston, TX 77047

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date	Payee name
10/22/2024	Buckingham, Dawn

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	PO Box 342524
☐ Expenditure from corporate funds	Lakeway, TX 78734

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date	Payee name
10/22/2024	Cunningham, Charles

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	PO Box 14352 Humble
☐ Expenditure from corporate funds	Humble, TX 77347

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/12	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031

4 Date 10/22/2024	5 Payee name Davis, Aicha

6 Amount ($) $500.00	7 Payee address; City; State; Zip Code 608 Tara Drive
☐ Expenditure from corporate funds	DeSoto, TX 75115

8 PURPOSE OF EXPENDITURE

(a) Category *(See Categories listed at the top of this schedule)*
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date 10/22/2024	Payee name Garcia, Linda

Amount ($) $500.00	Payee address; City; State; Zip Code 539 W. Commerce Street #4808
☐ Expenditure from corporate funds	Dallas, TX 75208

PURPOSE OF EXPENDITURE

(a) Category *(See Categories listed at the top of this schedule)*
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date 10/04/2024	Payee name Holt, Janis

Amount ($) $1,000.00	Payee address; City; State; Zip Code PO Box 1311
☐ Expenditure from corporate funds	Silsbee, TX 77656

PURPOSE OF EXPENDITURE

(a) Category *(See Categories listed at the top of this schedule)*
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete <u>ONLY</u> if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 10/12	MOAK CASEY PAC	00087031

4 Date	5 Payee name
10/14/2024	Jones, Jolanda

6 Amount ($) $500.00

☐ Expenditure from corporate funds

7 Payee address; City; State; Zip Code
10709 Marsha Lane

Houston, TX 77024

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date	Payee name
09/30/2024	Kelly, Mackenzie

Amount ($) $450.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code
PO Box 170252

Austin, TX 78717

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

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Date	Payee name
10/22/2024	LaHood, Marc

Amount ($) $1,000.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code
4014 McCullough Ave

San Antonio, TX 78212

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/12	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031

4 Date 10/02/2024	5 Payee name Landgraf, Brooks

6 Amount ($) $500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 13146 Odessa, TX 79768

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 10/21/2024	Payee name Little, Pam

Amount ($) $1,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 632 Merlot Fairview, TX 75069

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 10/09/2024	Payee name Schofield, Mike

Amount ($) $500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 934 Hidden Canyon Rd Katy, TX 77450

PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/12	**2** FILER NAME MOAK CASEY PAC	**3** Filer ID (Ethics Commission Filers) 00087031

4 Date 10/02/2024	**5** Payee name VanDeaver, Gary

6 Amount ($) $500.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code PO Box 866 New Boston, TX 75570

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contribution

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held