

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|---|---|---|--|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00082943 | 2 Total pages filed: 12 |
| 3 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 10/27/2024 | |
| | | Date Hand-delivered or Date Postmarked | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2493 Pflugerville, TX 78691 | | |
| | Receipt # | | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Ms. | Starlet | |
| NICKNAME | | LAST | SUFFIX |
| | | Sattler | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1207 Fenway Pk Pflugerville, TX 78660 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2493 Pflugerville, TX 78691 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | AREA CODE PHONE NUMBER EXTENSION (512) 658-0764 | | |
| | REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year 10/03/2024 | THROUGH | Month Day Year 10/26/2024 |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | 13 Filer ID (Ethics Commission Filers) 00082943 |
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|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported Ballot ID:PROP A Election Date:2024-11-05 Desc:TRAVIS COUNTY ESD2 PROP A |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|---|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 20,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 22,196.11 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 37,547.92 |
| 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. Starlet Sattler

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 12

| | | |
|---|---|---|
| 17 COMMITTEE NAME Pflugerville Residents for Responsible Taxation | | 18 Filer ID (Ethics Commission Filers) 00082943 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 20,000.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 22,196.11 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/12 |
| 2 FILER NAME Pflugerville Residents for Responsible Taxation | | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, STUART <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735 | 7 Amount of Contribution (\$) \$5,000.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Bonner Carrington |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAR GOLF DEVELOPMENT, INC. <hr/> Contributor address; City; State; Zip Code HUTTO, TX 78634 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIEMANN, ROBERT <hr/> Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) OWNER | | Employer (See Instructions) TIEMANN COMPANY |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/8 Rpt: 5/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/23/2024 | 5 Payee name BANDA, DIANA | |
| 6 Amount (\$) \$195.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 12204 Ballerstedt Rd Elgin , TX 78621 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/10/2024 | Payee name Community Impact | |
| Amount (\$) \$6,978.34 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS AND MAILERS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/25/2024 | Payee name Community Impact | |
| Amount (\$) \$6,699.32 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/8 Rpt: 6/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
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|-----------------------------|---|
| 4 Date 10/25/2024 | 5 Payee name Community Impact |
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| 6 Amount (\$) \$207.22 | 7 Payee address; City; State; Zip Code 16225 Impact Way #1 PFLUGERVILLE, TX 78660 |
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Expenditure from corporate funds

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------|
| Date 10/25/2024 | Payee name DOMINO'S |
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| Amount (\$) \$47.77 | Payee address; City; State; Zip Code 18701 Limestone Commercial Dr Suite 400 PFLUGERVILLE, TX 78660 |
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Expenditure from corporate funds

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PIZZA LUNCH |
|------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|------------------------------|
| Date 10/23/2024 | Payee name EDWARDS, JARED |
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| Amount (\$) \$128.00 | Payee address; City; State; Zip Code 2800 Grand Mission Way Pflugerville, TX 78660 |
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Expenditure from corporate funds

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS |
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| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 7/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/15/2024 | 5 Payee name GODADDY | |
| 6 Amount (\$) \$153.25 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2155. E. GoDaddy Way Tempe, AZ 85284 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL HOSTING |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/08/2024 | Payee name GOOGLE ADWORDS | |
| Amount (\$) \$140.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO ADS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/21/2024 | Payee name IN TEXAS HOMETOWN | |
| Amount (\$) \$2,250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 821 LIBERTY MEADOWS DR LIBERTY HILL, TX 78642 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 8/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/25/2024 | 5 Payee name KAPLAN STRATEGIES | |
| 6 Amount (\$) \$650.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2602 LOUNSBURY CT KISSIMMEE, FL 34746 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS CREDITS |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/08/2024 | Payee name L2 INC | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5 SCHALKS CROSSING ROAD STE 220 PLAINSBORO, NJ 08536 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA MINING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/15/2024 | Payee name L2 INC | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5 SCHALKS CROSSING ROAD STE 220 PLAINSBORO, NJ 08536 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA MINING |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 5/8 Rpt: 9/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
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| | |
|-----------------------------|---|
| 4 Date 10/26/2024 | 5 Payee name MARQUEZ, KENSING |
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| 6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 611 PAUL ST PFLUGERVILLE, TX 78660 |
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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS |
|---------------------------------|--|---|

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

| | |
|--------------------|--------------------|
| Date 10/24/2024 | Payee name META |
|--------------------|--------------------|

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| Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1 META WAY MENLO PARK, CA 94025 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FACEBOOK ADS |
|-------------------------------|--|--|

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

| | |
|--------------------|--------------------|
| Date 10/24/2024 | Payee name META |
|--------------------|--------------------|

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| Amount (\$) \$33.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1 META WAY MENLO PARK, CA 94025 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INSTAGRAM ADS |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 6/8 Rpt: 10/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
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| | |
|-----------------------------|---------------------------------------|
| 4 Date 10/23/2024 | 5 Payee name MORENO, SANDRA |
|-----------------------------|---------------------------------------|

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|---|---|
| 6 Amount (\$) \$195.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 19400 Cloudy Bay Dr. Pflugerville, TX 78660 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS |
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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------|
| Date 10/23/2024 | Payee name PARKER, JULIA |
|--------------------|-----------------------------|

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| Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 903 Oakdale Circle Pflugerville, TX 78660 |
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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR |
|------------------------|--|---|

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

| | |
|--------------------|----------------------|
| Date 10/17/2024 | Payee name Paypal |
|--------------------|----------------------|

| | |
|--|---|
| Amount (\$) \$149.50 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2211 N 1ST STREET SAN JOSE, CA 95131 |
|--|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 7/8 Rpt: 11/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/19/2024 | 5 Payee name SENDINBLUE | |
| 6 Amount (\$) \$109.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7 rue de Madrid Paris France 498 019 298 France | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS CREDITS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/24/2024 | Payee name SENDINBLUE | |
| Amount (\$) \$442.60 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7 rue de Madrid Paris France 498 019 298 France | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL AND SMS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2024 | Payee name UPS STORE | |
| Amount (\$) \$198.11 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 301 S. HEATHERWILDE BLVD PFLUGERVILLE, TX 78660 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 8/8 Rpt: 12/12 | 2 FILER NAME Pflugerville Residents for Responsible Taxation | 3 Filer ID (Ethics Commission Filers) 00082943 |
| 4 Date 10/25/2024 | 5 Payee name WATERLOO MEDIA | |
| 6 Amount (\$) \$2,560.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 8309 N Interstate 35 Frontage Rd AUSTIN, TX 78753 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RADIO AD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |