

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00088901	<b>2</b> Total pages filed: 39	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Parent Empowerment PAC			Date Received ELECTRONICALLY FILED 10/28/2024
<b>4</b> TREASURER NAME Machicek, Kristen			Date Hand-delivered or Date Postmarked
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 08/01/2024	THROUGH	Month Day Year 10/26/2024
Date Imaged			

**7 EXPLANATION OF CORRECTION**  
 -Corrected address for CAZ Consulting, LLC.  
 -Added in-kind description for all CAZ consulting, LLC expenditures.  
 -Added in-kind description for Edgerton Strategies expenditure.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Kristen Machicek  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088901	<b>2 Total pages filed:</b> 39
<b>3 COMMITTEE NAME</b> Parent Empowerment PAC		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 28610 HWY 290 Ste. F09 #375 Cypress, TX 77433		
<b>5 CAMPAIGN TREASURER NAME</b>	<b>MS / MRS / MR FIRST</b> Kristen		<b>MI</b>
	<b>NICKNAME LAST</b> Machicek		<b>SUFFIX</b>
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	<b>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</b> 28610 HWY 290 Ste. F09 #375 Cypress, TX 77433		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 28610 HWY 290 Ste. F09 #375 Cypress, TX 77433		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>AREA CODE PHONE NUMBER EXTENSION</b> (281) 536-1920		
<b>9 REPORT TYPE</b>	<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		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 08/01/2024      10/26/2024		
<b>11 ELECTION</b>	<b>ELECTION DATE</b> Month Day Year 11/05/2024	<b>ELECTION TYPE</b> <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

<b>12 COMMITTEE NAME</b> Parent Empowerment PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00088901
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Lindsay Dawson
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42,731.94
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 25,337.80
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 17,394.14
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Kristen Machicek  
\_\_\_\_\_  
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

FORM **GPAC**  
ADDENDUM

Page 4 of 39

<b>12 COMMITTEE NAME</b> Parent Empowerment PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00088901
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Melissa Semmler  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Nicole May  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Marianne Horton  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Parent Empowerment PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00088901
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 42,731.94
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	\$ 25,337.80
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 6/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aker, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions) NA
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Dawn <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allgood, Josh <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowles, Rachael <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briggs, S.J. <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 7/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Britt, Emily <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77381	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) Leadership Coach		<b>9</b> Employer (See Instructions) Self Employed - iTalent International
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Keatha <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Alchemi Advisory
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CFS Consulting, LLC <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$5,400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campaign Fund of Marianne Horton <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campaign Fund of Melissa Semmler <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 8/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campaign Fund of Melissa Semmler <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Citizens for Lindsay Dawson <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$6,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Citizens for Lindsay Dawson <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crowson, Paul <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delgado, Veronica <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Certified Medical Assistant		Employer (See Instructions) UT Physicians



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 9/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eaves, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386	<b>7</b> Amount of Contribution (\$)  \$26.03
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Etwop, Martin <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Etwop Law Firm, PLLC
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farris, Deborah <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feder, John and Patricia <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferris, Andreea <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 10/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Rocio	<b>7</b> Amount of Contribution (\$)  \$5.21
	<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77385	
<b>8</b> Principal occupation / Job title (See Instructions) Baker		<b>9</b> Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hatherly, Shelly	Amount of Contribution (\$)  \$78.08
	Contributor address; City; State; Zip Code  Spring, TX 77381	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaros, Joshua	Amount of Contribution (\$)  \$208.20
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kronenberger, Julia	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavigne, Albert	Amount of Contribution (\$)  \$52.05
	Contributor address; City; State; Zip Code  Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 11/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linton, Carl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77301	<b>7</b> Amount of Contribution (\$)  \$20.82
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locetta, Cathie <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matocha, John and Karen <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380	Amount of Contribution (\$)  \$540.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) May, Chris <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Woodlands office equipment
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCann, Dorothy and James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 12/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCann, Jim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77302	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGee, Bernadette <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Johnie <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316	Amount of Contribution (\$)  \$10.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NICOLE4CONROE <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77384	Amount of Contribution (\$)  \$6,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Elizabeth <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77384	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 13/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nuckolls, Michele <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77380	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) Homeschool mom		<b>9</b> Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nuckolls, Michele <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Homeschool mom		Employer (See Instructions) Self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odenweller, Keith and Misty <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olinde, Robert and Melinda <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Kevin <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Elite Hospitality Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 14/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedraza, Jose	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77301		
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions) NA
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Charlton and Cyndie	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pounds, Christena	Amount of Contribution (\$) \$10.41
Contributor address; City; State; Zip Code  Spring, TX 77386		
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions) Self
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Railey, Lisa	Amount of Contribution (\$) \$208.20
Contributor address; City; State; Zip Code  Montgomery, TX 77316		
Principal occupation / Job title (See Instructions) Communication		Employer (See Instructions) Jim Henry Ent
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raven, Sharon	Amount of Contribution (\$) \$52.05
Contributor address; City; State; Zip Code  Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 15/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rife, Ronald and Rhonda	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386		
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions) NA
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SekulaGibbs, Dr. Shelley	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) Dermatologist		Employer (See Instructions) Elite Dermatology
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Rebecca	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code  Conroe, TX 77301		
Principal occupation / Job title (See Instructions) Licensed professional counselor		Employer (See Instructions) Counseling center of Montgomery county
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarr, Linda	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code  Spring, TX 77381		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, April	Amount of Contribution (\$) \$52.05
Contributor address; City; State; Zip Code  The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 16/39
<b>2</b> FILER NAME Parent Empowerment PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tice, Troy	<b>7</b> Amount of Contribution (\$) \$208.20
<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77381		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Tice Group, Inc
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Jason	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code  Conroe, TX 77385		
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) Guards On Demand
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheeler, Ritch	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Withrow, Robert and Gwendolyn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA



# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/23 Rpt: 17/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/16/2024	<b>5</b> Payee name C3 Management	
<b>6</b> Amount (\$) \$87.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1616 S Voss Rd.  Houston, TX 77057	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping and accounting services.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name C3 Management	
Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1616 S Voss Rd.  Houston, TX 77057	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bookkeeping and accounting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$35.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees; In-Kind to Lindsay Dawson
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.

<b>1</b> Total pages Schedule F1: Sch: 2/23 Rpt: 18/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/17/2024	<b>5</b> Payee name CAZ Consulting, LLC
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<b>6</b> Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76126
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design; In-kind to Lindsay Dawson
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name CAZ Consulting, LLC
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Amount (\$) \$1,460.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Lindsay Dawson
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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 10/16/2024	Payee name CAZ Consulting, LLC
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Amount (\$) \$1,832.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Lindsay Dawson
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/23 Rpt: 19/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/18/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) \$195.17  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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; In-kind to Lindsay Dawson
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$35.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees; In-Kind to Marianne Horton
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$35.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees; In-Kind to Melissa Semmler
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.

<b>1</b> Total pages Schedule F1: Sch: 4/23 Rpt: 20/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/17/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) \$35.19  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fees; In-Kind to Nicole May
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design; In-kind to Marianne Horton
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design; In-kind to Melissa Semmler
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.

<b>1</b> Total pages Schedule F1: Sch: 5/23 Rpt: 21/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/17/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76126	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design; In-kind to Nicole May
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$1,460.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Marianne Horton
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$1,460.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Melissa Semmler
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.

<b>1</b> Total pages Schedule F1: Sch: 6/23 Rpt: 22/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 10/16/2024	<b>5</b> Payee name CAZ Consulting, LLC
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<b>6</b> Amount (\$) \$1,460.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Nicole May
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name CAZ Consulting, LLC
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Amount (\$) \$1,832.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Marianne Horton
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name CAZ Consulting, LLC
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Amount (\$) \$1,832.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Melissa Semmler
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 7/23 Rpt: 23/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/16/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) \$1,832.75  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Nicole May
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$195.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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; In-kind to Marianne Horton
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$195.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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; In-kind to Melissa Semmler
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.

<b>1</b> Total pages Schedule F1: Sch: 8/23 Rpt: 24/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/18/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) \$195.17  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork  Fort Worth, TX 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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; In-kind to Nicole May
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Edgerton Strategies, LLC	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402  Keller, TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Media; In-kind to Lindsay Dawson
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Edgerton Strategies, LLC	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402  Keller, TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Media; In-kind to Marianne Horton
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.

<b>1</b> Total pages Schedule F1: Sch: 9/23 Rpt: 25/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 10/16/2024	<b>5</b> Payee name Edgerton Strategies, LLC
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<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1540 Keller Parkway #108-402  Keller, TX 76248
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Media; In-kind to Melissa Semmler
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Edgerton Strategies, LLC
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402  Keller, TX 76248
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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 Digital Media; In-kind to Nicole May
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Regions Bank
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Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17465 Spring Cypress Rd.  Cypress, TX 77429
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 service fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 10/23 Rpt: 26/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/30/2024	<b>5</b> Payee name Regions Bank
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<b>6</b> Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 17465 Spring Cypress Rd.  Cypress, TX 77429
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 service fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name Regions Bank
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Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17465 Spring Cypress Rd.  Cypress, TX 77429
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 service fee
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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 10/15/2024	Payee name Regions Bank
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Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17465 Spring Cypress Rd.  Cypress, TX 77429
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 11/23 Rpt: 27/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 10/25/2024	<b>5</b> Payee name Regions Bank
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<b>6</b> Amount (\$) \$15.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 17465 Spring Cypress Rd.  Cypress, TX 77429
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/01/2024	Payee name WinRed
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Amount (\$) \$2.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 09/02/2024	Payee name WinRed
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Amount (\$) \$0.82  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 12/23 Rpt: 28/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/02/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$2.05  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name WinRed
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Amount (\$) \$2.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 09/04/2024	Payee name WinRed
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Amount (\$) \$2.96  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 13/23 Rpt: 29/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/04/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$20.51	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name WinRed
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Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 09/04/2024	Payee name WinRed
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Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 14/23 Rpt: 30/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/10/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$0.82	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2024	Payee name WinRed
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Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 09/13/2024	Payee name WinRed
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Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 15/23 Rpt: 31/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/14/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.18  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$8.20  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 16/23 Rpt: 32/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/18/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$8.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2024	Candidate/Officeholder name Payee name WinRed	
Amount (\$) \$20.51  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2024	Candidate/Officeholder name Payee name WinRed	
Amount (\$) \$0.82  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# 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.

<b>1</b> Total pages Schedule F1: Sch: 17/23 Rpt: 33/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$1.03  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name WinRed
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Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name WinRed
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Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 18/23 Rpt: 34/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 09/25/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$8.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.25  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.82  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 19/23 Rpt: 35/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 09/30/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name WinRed
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Amount (\$) \$19.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 09/30/2024	Payee name WinRed
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Amount (\$) \$3.08  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 20/23 Rpt: 36/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 10/01/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$0.21  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name WinRed
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Amount (\$) \$0.41  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name WinRed
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Amount (\$) \$41.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 21/23 Rpt: 37/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
<b>4</b> Date 10/02/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$10.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.41  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.51  <input type="checkbox"/> Expenditure from corporate funds	Payee name WinRed  Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 22/23 Rpt: 38/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name WinRed
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<b>6</b> Amount (\$) \$3.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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<b>9</b> 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 WinRed
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Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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 10/07/2024	Payee name WinRed
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Amount (\$) \$3.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 23/23 Rpt: 39/39	<b>2</b> FILER NAME Parent Empowerment PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00088901	
<b>4</b> Date 10/08/2024	<b>5</b> Payee name WinRed		
<b>6</b> Amount (\$) \$4.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530  Arlington, VA 22219		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held