CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 Filer ID (Eth 00088901	nics Commission Filers) 2	Total pages filed:			OFFICE US	SE ONLY
		39			Date Received	
3 COMMITTEE NAME	Parent Empowerment PAC				ELECTRONICAL 10/28/2024	LY FILED
4 TREASURER NAME	Machicek, Kristen					
					Date Hand-delivered or D	ate Postmarked
5 ORIGINAL REPORT TYPE	January 15	Runo	ff			1
	July 15		day after campaign treasure	er resignation	Receipt #	Amount
	30th day before election		lution report		Date Processed	
	X 8th day before election	Other	(specify)		Date 110003300	
6 ORIGINAL PERIOD	Month Day Year		Month Day	Year	Date Imaged	
COVERED	08/01/2024	THROUGH	10/26/2024			
7 EXPLANATION OF	CORRECTION					
	CAZ Consulting, LLC. on for all CAZ consulting, LLC ex on for Edgerton Strategies exper					
8 AFFIDAVIT						
			ear, or affirm, under pena correct.	alty of perjury	, that this corrected r	eport is true
		Cheo	ck the box next to any ar	nd all applicab	ble statements:	
			Semiannual reports: was made in good faith misrepresent the inform	and without a	an intent to mislead	al report or to
		X	Other reports: I swe report not later than the that the report as origin swear, or affirm, that ar filed was made in good	e 14th busines ally filed is ina ny error or om	ss day after the date accurate or incomple	l learned ete. l
				Kristen Mac	hicek	
			Signatu	re of Campai	gn Treasurer	
AFFIX NOTARY S	TAMP / SEAL ABOVE					
Sworn to and subs	cribed before me, by the said			, this th	ie	day
	, 20, to certify w					
Signature of offic	cer administering oath	Printed name of of	icer administering oath	Т	itle of officer adminis	stering oath
	Remember To Attacl Needeo		The Campaign Fin nd Explain Correct		ort Form	
L Correct area vided by To	vas Ethics Commission					V/1 1 0 /8da51f7

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00088901		2 Total pages filed: 39	
3	COMMITTEE NAME					OFFICE USE ONLY	
	Parent Empowerm	ent PAC				Date Received ELECTRONICALLY FILED	
						10/28/2024	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	TY;	STATE; ZIP C	ODE		
	ADDRESS	28610 HWY 290				Date Hand-delivered or Date Postmarked	
	Change of Address	Ste. F09 #375					
		Cypress, TX 77433				Receipt # Amount	
						Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST Kristen				MI	
	NAME	NIISIEII					
		NICKNAME LAST	•••••			SUFFIX	
		Machicek					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	TREASURER STREET	28610 HWY 290					
	ADDRESS	Ste. F09 #375					
	(Residence or Business)	Cypress, TX 77433					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY	; STATE; ZIP CODE	
	MAILING ADDRESS	28610 HWY 290					
		Ste. F09 #375					
	Change of Address	Cypress, TX 77433					
8	CAMPAIGN TREASURER		EX	TENSION			
	PHONE	(281) 536-1920					
9	REPORT		~				
ľ	ТҮРЕ			day before election		Dissolution (Attach PAC-DR)	
		X 8t	th d	ay before election		10th day after campaign treasurer termination	
			luno	ff			
10	PERIOD	Month Day Year		Month	Day	Year	
	COVERED	08/01/2024 TH	HR	OUGH 10/	26/2024	4	
11	ELECTION	ELECTION DATE Month Day Year	Prim	ELECTION T	YPE	Other	
		11/05/2024					
			Gen	eral Special			
	GO TO PAGE 2						
Foi	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	D (Ethics Commission Filers)			
Parent Empowerment P	AC		00088	3901			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lindsay Dawson					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	4	\$ 0.00			
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$ 42,731.94			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	4	\$ 0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	\$ 25,337.80			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY	\$ 17,394.14			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE	\$ 0.00			
16 AFFIDAVIT	•		•				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.					
		Kriston	Machico	k			
		Kristen Signature of Ca	Machice				
			paigir II				
	STAMP / SEAL ABOVE						
		, t	his the	day			
ot	of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

Page 4 of 39

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

FORM GPAC COVER SHEET PG 3

5 of	39
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17 COMMITT Parent Er	EE NAME npowerment PAC	18 Filer ID 00088901	(Ethics Commission Filers)
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 42,731.94
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 25,337.80
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - GPAC

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

TI	he Instru	ction Guide explains how to c	complete this for	m.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 7/39	
2 FII	ILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Pa	arent Empo	owerment PAC				00088901	
4 Da	ate	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09	9/04/2024	Britt, Emily					\$520.51
		6 Contributor address; City; State; Z	Zip Code				
		Spring, TX 77381					
9 Pr	rincinal occu	ipation / Job title (See Instructions)	9	Employer (See Instructions)	<u> </u>		
	eadership (ľ	Self Employed - iTalent I		ernational	
	ate				<u>.</u>	Amount of Contribution (\$)	
	ale 0/08/2024	Brown, Keatha	out-of-state PAC (ID#:	/			\$104.10
10	110012027		Zin Code				Ψ±04.±0
		Contributor address; City; State; Z	21p Code				
		Montgomery, TX 77316					
Pr	rincipal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	 ;)		
CI	PA			Alchemi Advisory			
Da	ate	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10	0/24/2024	CFS Consulting, LLC					\$5,400.00
		Contributor address; City; State; Zi	Zip Code				
		The Woodlands, TX 77381					
Pr	incipal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		
			I		-		
	ate	_	out-of-state PAC (ID#:)		Amount of Contribution (\$)	·
10	0/15/2024	Campaign Fund of Marianne H					\$5,000.00
		Contributor address; City; State; Zi	Zip Code				
1		Spring, TX 77382					
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions)	<u>ا</u> د)		
	ineipen and	pallon, 200 and (200 met 1),		,	,		
Da	ate	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	0/08/2024	Campaign Fund of Melissa Sen				, and an er een	\$2,500.00
		Contributor address; City; State; Zi					+-,
		The Woodlands, TX 77382					
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		

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

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/11 Rpt: 9/39		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	Parent Empo	owerment PAC			00088901	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2024	Eaves, Patricia				\$26.03
		6 Contributor address; City; State; Zip Code				
		Spring, TX 77386				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Etwop, Martin				\$100.00
		Contributor address; City; State; Zip Code				
		Conroe, TX 77385				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Etwop Law Firm, PLLC			
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/01/2024	Farris, Deborah				\$200.00
		Contributor address; City; State; Zip Code				
		Conroe, TX 77302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	NA		NA			
	Date	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	10/02/2024	Feder, John and Patricia				\$1,041.02
		Contributor address; City; State; Zip Code				
		Conroe, TX 77302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/22/2024	Ferris, Andreea				\$20.82
	Contributor address; City; State; Zip Code					
L		Spring, TX 77382				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	SAHM		Self			
I						

SCHEDULE	41
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 5/11 Rpt: 10/39		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Parent Empo	owerment PAC			00088901	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/01/2024	Garza, Rocio				\$5.21
		6 Contributor address; City; State; Zip Code				
		Conroe, TX 77385				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Baker		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/30/2024	Hatherly, Shelly				\$78.08
		Contributor address; City; State; Zip Code				
		Spring, TX 77381				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Jaros, Joshua				\$208.20
		Contributor address; City; State; Zip Code				
		M				
	<u> </u>	Montgomery, TX 77356		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Carpenter		500	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+=== ==
	09/30/2024	Kronenberger, Julia				\$500.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77386				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	<i>)</i>		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢50.05
	09/03/2024 Lavigne, Albert					\$52.05
	Contributor address; City; State; Zip Code					
		Conroe, TX 77304				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> រ)		
1	Retired		Retired	<i>'</i>)		
⊢						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/11 Rpt: 11/39	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	owerment PAC		00088901	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/26/2024	Linton, Carl			\$20.82
	6 Contributor address; City; State; Zip Code			
	Conroe, TX 77301			
-	pation / Job title (See Instructions)	9 Employer (See Instructions		
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/13/2024	Locetta, Cathie			\$104.10
	Contributor address; City; State; Zip Code			
	Spring, TX 77382			
	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/05/2024	Matocha, John and Karen			\$540.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77380			
Drinoinal agou	pation / Job title (See Instructions)	Employer (See Instructions		
NA		NA)	
		147 (
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#000 0F
09/25/2024	May, Chris			\$260.25
	Contributor address; City; State; Zip Code			
	Spring, TX 77382			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Self		Woodlands office equipr		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/27/2024	McCann, Dorothy and James			\$1,000.00
00/21/2024	Contributor address; City; State; Zip Code			φ <u>1</u> ,000.00
	Contributor address, City, State, Zip Code			
	Conroe, TX 77302			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	
NA	· · · · ·	NA		
		1		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 12/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		owerment PAC			00088901	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/25/2024	McCann, Jim				\$104.10
		6 Contributor address; City; State; Zip Code		1		
		Conroe, TX 77302				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/04/2024	McGee, Bernadette	/		/ income of continuous (+)	\$75.00
	00/0 1/2021	Contributor address; City; State; Zip Code				\$10.00
		Contributor address, City, State, Zip Code				
		Spring, TX 77382				
-	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	»)		
	Relifeu			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Murphy, Johnie				\$10.41
		Contributor address; City; State; Zip Code				
		Montgomery, TX 77316				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024	NICOLE4CONROE				\$6,000.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77384				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/10/2024	Full name of contributor out-of-state PAC (ID#: Nelson, Elizabeth)		Amount of Contribution (\$)	\$20.82
	03/10/2024					Ψ20.02
		Contributor address; City; State; Zip Code				
		Conroo TV 77294				
\vdash	Drineinel	Conroe, TX 77384	Employer (Cashertwert)			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			

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

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

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/11 Rpt: 15/39		
2 FILE	ER NAME			3	Filer ID (Ethics Commissio	n Filers)
		owerment PAC			00088901	лт ного,
4 Dat	e	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/	16/2024	Rife, Ronald and Rhonda				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Spring, TX 77386				
		pation / Job title (See Instructions)	9 Employer (See Instruction	s)		
NA	·		NA			
Date	.e	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
09/	/04/2024	SekulaGibbs, Dr. Shelley				\$500.00
		Contributor address; City; State; Zip Code		1		
		The Woodlands, TX 77380				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)		
Der	rmatologis	st	Elite Dermatology			
Date	e	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
09/	/04/2024	Smith, Rebecca				\$520.51
		Contributor address; City; State; Zip Code		1		
Conroe, TX 77301						
Principal occupation / Job title (See Instructions) Employer (See Instruction						
Lice	ensed pro	ofessional counselor	Counseling center of M	lont	gomery county	
Date	e	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
09/3	30/2024	Tarr, Linda				\$104.10
		Contributor address; City; State; Zip Code		"		
	<u> </u>	Spring, TX 77381	<u> </u>	Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instruction	IS)		
Sel	.t		Self	-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/	02/2024	Taylor, April				\$52.05
		Contributor address; City; State; Zip Code]		
Duite		The Woodlands, TX 77382		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
NA	NA					
l l						

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/11 Rpt: 16/39	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Parent Empowerment PAC				00088901	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2024	Tice, Troy				\$208.20
		6 Contributor address; City; State; Zip Code		1		
		The Woodlands, TX 77381				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	- 5)		
	Owner		Tice Group, Inc			
╞	Dete			<u> </u>	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+=======
	10/02/2024	Walker, Jason				\$520.51
		Contributor address; City; State; Zip Code				
		Conroe, TX 77385				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		
	Security		Guards On Demand			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	`		Amount of Contribution (\$)	
)		Amount of Contribution (\$)	#0.000.00
	09/05/2024	Wheeler, Ritch				\$2,000.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77380				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		5)				
	NA		NA			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2024	Withrow, Robert and Gwendolyn	· · · · · · · · · · · · · · · · · · ·		()	\$100.00
	00/20/2021					+_00.00
		Contributor address; City; State; Zip Code				
		Montroment, TV 770FC				
		Montgomery, TX 77356				
	Principal occupation / Job title (See Instructions) Employer (See Instruction			5)		
	NA					
ĺ						
I						

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

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

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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/23 Rpt: 22/39	Parent Empowerment PAC 00088901		
4 Date	5 Payee name		
10/16/2024	CAZ Consulting, LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,460.00	5049 Edwards Ranch Clearfork		
Expenditure from corporate funds	Fort Worth, TX 76109		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Nicole May 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/16/2024	CAZ Consulting, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,832.75	5049 Edwards Ranch Clearfork		
Expenditure from corporate funds	Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Marianne Horton 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/16/2024	CAZ Consulting, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,832.75	5049 Edwards Ranch Clearfork		
Expenditure from corporate funds	Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Melissa Semmler 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/23 Rpt: 23/39	Parent Empowerment PAC 00088901		
4 Date	5 Payee name		
10/16/2024	CAZ Consulting, LLC		
6 Amount (\$) \$1,832.75	 7 Payee address; City; State; Zip Code 5049 Edwards Ranch Clearfork 		
Expenditure from corporate funds	Fort Worth, TX 76109		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MMS - Texting; In-kind to Nicole May 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/18/2024	CAZ Consulting, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$195.17	5049 Edwards Ranch Clearfork		
Expenditure from corporate funds	Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs; In-kind to Marianne Horton 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/18/2024	CAZ Consulting, LLC		
Amount (\$)	Payee address; City; State; Zip Code		
\$195.17	5049 Edwards Ranch Clearfork		
Expenditure from corporate funds	Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs; In-kind to Melissa Semmler 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing	epayment/Reinbursement Solicitation/Fundraising Expense byerhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed abored)				
1 Total pages Schedule E1	Total pages Schedule F1: 2 FILER NAME 3					
Sch: 10/23 Rpt: 26/39	Parent Empowerment PAC	3 Filer ID (Ethics Commission 00088901				
4 Date 09/30/2024	5 Payee name Regions Bank					
6 Amount (\$) \$15.00	\$15.00 17465 Spring Cypress Rd.					
corporate funds	Cypress, TX 77429					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank service fee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	Office held				
Date	Payee name					
10/08/2024	Regions Bank					
Amount (\$)	Payee address; City; State; Zip	Code				
\$15.00	17465 Spring Cypress Rd.					
Expenditure from corporate funds	Cypress, TX 77429					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank service fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	Dught Office held				
Date	Payee name					
10/15/2024	Regions Bank					
Amount (\$) \$15.00	Payee address; City; State; Zip 17465 Spring Cypress Rd.	Code				
Expenditure from corporate funds	Cypress, TX 77429	_				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank service fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	Dught Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 11/23 Rpt: 27/39	Parent Empowerment PAC 00088901				
4 Date 10/25/2024	5 Payee name Regions Bank				
6 Amount (\$) \$15.00	 7 Payee address; City; State; Zip Code 17465 Spring Cypress Rd. 				
corporate funds	Cypress, TX 77429				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fee 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/01/2024	WinRed				
Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/02/2024	WinRed				
Amount (\$) \$0.82	Payee address;City;State;Zip Code1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhea Polling Expens Printing Expens Salaries/Wage	se s/Contract Labor	Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	LER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 12/23 Rpt: 28/39	arent Empowerment PAC			00088901	
4	Date	ayee name				
	09/02/2024	/inRed				
6	Amount (\$)	ayee address; City; Sta	te; Zip Code			
	\$2.05	776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
8	PURPOSE OF	ategory (See Categories listed at the top of this	schedule) (b)	Description		
	EXPENDITURE	ees			outside of Texas. Com n, TX, officeholder living	
				WinRed servi		y expense
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office h	eld
	Date	ayee name				
	09/03/2024	/inRed				
	Amount (\$)	ayee address; City; Sta	te; Zip Code			
	\$2.05	776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this Bes	schedule) (b)		outside of Texas. Com n, TX, officeholder living i CE fEE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office h	eld
	Date	ayee name				
	09/04/2024	/inRed				
	Amount (\$)	ayee address; City; Sta	te; Zip Code			
	\$2.96	776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE	ategory (See Categories listed at the top of this	schedule) (b)	Description		
	OF EXPENDITURE	ees			outside of Texas. Com n, TX, officeholder living ice fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office h	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expe /- Gift/Awards/Memorials Expense Printing Exp	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 13/23 Rpt: 29/39	Parent Empowerment PAC	00088901			
4 Date 09/04/2024	5 Payee name WinRed				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e			
\$20.51	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougl H	ht Office held			
Date	Payee name				
09/04/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Cod	e			
\$19.70	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	ht Office held			
Date	Payee name				
09/04/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Cod	e			
\$20.51	1776 Wilson Blvd., Suite 530	-			
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (Fees	 b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougl H	ht Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	se Travel Out of District S/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 14/23 Rpt: 30/39	Parent Empowerment PAC	00088901			
4 Date	5 Payee name				
09/10/2024	WinRed				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$0.82	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense WinRed service fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought H	Office held			
Date	Payee name				
09/11/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Code				
\$20.51					
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
09/13/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Code				
\$4.10	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Exper	nse Travel Out of District ss/Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 16/23 Rpt: 32/39	arent Empowerment PAC	00088901			
4	Date	ayee name				
	09/18/2024	VinRed				
6	Amount (\$)	ayee address; City; State; Zip Code				
	\$8.20	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
8	PURPOSE OF	tategory (See Categories listed at the top of this schedule) (b)) Description			
	EXPENDITURE	ees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			WinRed service fee			
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	t Office held			
	Date	ayee name				
	09/19/2024	VinRed				
	Amount (\$)	ayee address; City; State; Zip Code				
	\$20.51 1776 Wilson Blvd., Suite 530					
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE OF EXPENDITURE	(b) (See Categories listed at the top of this schedule) (b) ees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	t Office held			
	Date	ayee name				
	09/22/2024	VinRed				
	Amount (\$)	ayee address; City; State; Zip Code				
	\$0.82	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE	ategory (See Categories listed at the top of this schedule) (b	Description			
	OF EXPENDITURE	ees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Contract Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 17/23 Rpt: 33/39	arent Empowerment PAC		00088901		
4	Date	ayee name	I			
	09/23/2024	/inRed				
6	Amount (\$)	ayee address; City; State; Zip Coo	le			
	\$1.03	.776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
8	PURPOSE OF	ategory (See Categories listed at the top of this schedule)	b) Description			
	EXPENDITURE	ees		outside of Texas. Complete Schedule T. TX, officeholder living expense		
			WinRed servi			
9	Complete ONLY if direct expenditure to benefit C/OF	Indidate/Officeholder name Office soug	ht	Office held		
	Date	ayee name				
	09/24/2024	/inRed				
	Amount (\$)	ayee address; City; State; Zip Coo	le			
	\$4.10	.776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ees		butside of Texas. Complete Schedule T. TX, officeholder living expense Ce fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office soug	ht	Office held		
	Date	ayee name				
	09/25/2024	/inRed				
	Amount (\$)	ayee address; City; State; Zip Cod	le			
	\$4.10	776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	rlington, VA 22219				
	PURPOSE	ategory (See Categories listed at the top of this schedule)	b Description			
	OF EXPENDITURE	ees		outside of Texas. Complete Schedule T. TX, officeholder living expense Ce fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office soug	ht	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 18/23 Rpt: 34/39	Parent Empowerment PAC 00088901				
4 Date 09/25/2024	5 Payee name WinRed				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$8.20	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/25/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Code				
\$10.25	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/26/2024	WinRed				
Amount (\$) \$0.82	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)			
1 T	otal pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
S	Sch: 19/23 Rpt: 35/39	Parent Empowerment PAC	00088901			
4 D	Date	Payee name				
0	9/30/2024	WinRed				
6 A	mount (\$)	Payee address; City; State; Zip Code				
	\$4.10	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
		WinRed servic				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
D	Date	Payee name				
0	9/30/2024	WinRed				
A	mount (\$)	Payee address; City; State; Zip Code				
	\$19.70	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
1	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ce fee			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
D	Date	Payee name				
0	9/30/2024	WinRed				
A	mount (\$)	Payee address; City; State; Zip Code				
	\$3.08	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense C e fee			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E ee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1 7	otal pages Schedule F1:	2 [1]					2	Filer ID	(Ethics Commission Filers)
	Sch: 20/23 Rpt: 36/39		rent Empowerment PAC				3	00088901	(Ethics Commission Filers)
4 C	Date	5 Pa	yee name						
1	10/01/2024	Wi	nRed						
6 A	Amount (\$)	7 Pa	yee address; City;	State;	; Zip Coo	e			
	\$0.21	17	76 Wilson Blvd., Suite 53	C					
	Expenditure from corporate funds	Arl	ington, VA 22219						
8	PURPOSE OF	(a) Ca	tegory (See Categories listed at the	top of this sch	edule)	b) Description			
	EXPENDITURE	Fe	es					de of Texas. Comp officeholder living	
						WinRed serv			expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate/Officeholder name	C	Dffice soug	ht		Office he	ld
0	Date	Pa	yee name						
1	0/01/2024	Wi	nRed						
A	Amount (\$)	Pa	yee address; City;	State;	; Zip Coo	e			
	\$0.41	17	76 Wilson Blvd., Suite 53	C					
	Expenditure from corporate funds	Arl	ington, VA 22219						
	PURPOSE OF EXPENDITURE	(a) Ca Fe	tegory (See Categories listed at the	top of this sch	edule)		, TX,	de of Texas. Comp officeholder living fee	
0	Complete ONLY if direct	Can	didate/Officeholder name	C	 Office soug	ht		Office he	ld
	expenditure to benefit C/OI	4							
Г	Date	Pa	yee name						
	10/02/2024		nRed						
4	Amount (\$)	Pa	yee address; City;	State	; Zip Coo	e			
	\$41.02		76 Wilson Blvd., Suite 53						
			,						
	Expenditure from corporate funds	Arl	ington, VA 22219						
	PURPOSE	(a) Ca	tegory (See Categories listed at the	top of this sch	edule)	b) Description			
	OF EXPENDITURE	Fe	es					de of Texas. Comp	
						WinRed serv		officeholder living	expense
с С	Complete ONLY if direct	Can	didate/Officeholder name		Office soug	ht		Office he	ld
	expenditure to benefit C/OI					-		0	-

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 21/23 Rpt: 37/39	Parent Empowerment PAC	00088901			
4	Date	Payee name				
	10/02/2024	WinRed				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.25	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		avel outside of Texas. Complete Schedule T. Jstin, TX, officeholder living expense			
		WinRed se				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/02/2024	WinRed				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.41	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Ervice fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/02/2024	WinRed				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.51	1776 Wilson Blvd., Suite 530				
	Expenditure from corporate funds	Arlington, VA 22219				
	PURPOSE OF	(b) Description				
	EXPENDITURE		avel outside of Texas. Complete Schedule T. Jstin, TX, officeholder living expense Prvice fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 22/23 Rpt: 38/39	Parent Empowerment PAC 00088901				
4 Date 10/03/2024	5 Payee name WinRed				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3.94	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/04/2024	WinRed				
Amount (\$)	Payee address; City; State; Zip Code				
\$4.10	1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/07/2024	WinRed				
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530				
Expenditure from corporate funds	Arlington, VA 22219				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WinRed service fee 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

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