FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088901 3 COMMITTEE NAME **OFFICE USE ONLY** Parent Empowerment PAC Date Received **ELECTRONICALLY FILED** 01/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 28610 HWY 290 Date Hand-delivered or Date Postmarked Ste. F09 #375 Change of Address Cypress, TX 77433 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kristen NAME NICKNAME LAST **SUFFIX** Machicek STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 28610 HWY 290 STREET **ADDRESS** Ste. F09 #375 (Residence or Business) Cypress, TX 77433 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 28610 HWY 290 MAILING **ADDRESS** Ste. F09 #375 Cypress, TX 77433 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 536-1920 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer II) (Ethics Commission Filers)
Parent Empowerment P	AC		00088	901
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lindsay Dawson	1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF I	LOANS)	15,182.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	27,956.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF T G PERIOD	THE LAST DAY \$	4,620.43
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	IS AS OF THE \$	0.00
6 AFFIDAVIT	<u> </u>			
			les all information req	the accompanying report is juired to be reported by me
		Signs	Kristen Machicek ature of Campaign Tr	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signa	ature of Campaign Th	easurei
Sworn to and subscribed	before me, by the said		. this the	day
		which, witness my hand and seal of office		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 of 16
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Parent Empowerment F	PAC			00088901	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		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.)				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 16
17 CON	/MITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Pare	ent Em	powerment PAC	00088901	,
19 SCH	IEDULE	SUBTOTALS	l	
NAM	1E OF		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,182.58
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 CORPORALABOR ORGANIZATION	ATION 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 CONTRIBUTION	S	\$ 27,956.29
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/16	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Parent Emp	owerment PAC			00088901	
4	Date 11/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$700.00
		Spring, TX 77382				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/04/2024	Campaign Fund of Melissa Semmler				\$1,400.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77382				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/07/2024	Church, Graham Contributor address; City; State; Zip Code				\$1,000.00
		Conroe, TX 77384				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Citizens for Lindsay Dawson				\$82.58
		Contributor address; City; State; Zip Code				
		Conroe, TX 77384				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/31/2024	Friends of Brandon Creighton				\$5,000.00
		Contributor address; City; State; Zip Code				
		Conroe, TX 77304				
	Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	ges Schedule A1: 2 Rpt: 6/16	
2	FILER NAME Parent Emp	owerment PAC		3 Filer ID 000889	(Ethics Commission	on Filers)
4	Date 10/31/2024	 Full name of contributor		7 Amount	of Contribution (\$)	\$5,000.00
		Conroe, TX 77304				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID# NICOLE4CONROE Contributor address; City; State; Zip Code The Woodlands, TX 77384)	Amount (of Contribution (\$)	\$2,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
Sch: 1/10 Rpt: 7/16	Parent Empowerment PAC		00088901	
4 Date	5 Payee name		I	
11/14/2024	CAZ Consulting, LLC			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$5,742.56	5049 Edwards Ranch Clearfork			
Expenditure from corporate funds	Fort Worth, TX 76109			
8 PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE	Autoritioning Expense	Check if Austin	n, TX, officeholder living expense	
		Texting - MM	IS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held	
experialture to benefit C/O	1 Dawson, Lindsay			
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	(coo categories noted at the top of this constant)		outside of Texas. Complete Schedule T.	
EXPENDITORE		Check if Austin	n, TX, officeholder living expense	
Operation ONLY if allowed	Overallidate/Office health as a second of the second of th		Office held	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office south	ignt	Office held	
	iviay, Nicole			
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; State; Zip Co	ode		
Expenditure from				
corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE		ı <u>⊔</u>	outside of Texas. Complete Schedule T.	
		Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office so	laht.	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		igiit	Office field	
	Committee, Menoda			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/10 Rpt: 8/16	Parent Empowerment PAC 00088901
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Cotomony
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Horton, Marianne
	Date	Payee name
	11/14/2024	CAZ Consulting, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,159.00	5049 Edwards Ranch Clearfork
	+0,200.00	
Г	Expenditure from corporate funds	Fort Worth, TX 76109
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting - MMS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Dawson, Lindsay
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	,	
	Expenditure from corporate funds	
	PURPOSE	(b) Cotomony
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H May, Nicole

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se		•	Salarie		se s/Contract Labor ete this form.		Travel Out of Dis OTHER (enter a	strict category not listed	d above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 3/10 Rpt: 9/16		Parent Emp		ment PAC						00088901	•	•
4	Date	5	Payee name (see previo										
6	Amount (\$)	7	Payee addre	ess;	City;	State	e; Zip	Code					
	Expenditure from corporate funds												
8	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categ	ories listed at the	e top of this sc	hedule)	(b)	=		ide of Texas. Com , officeholder livinç		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off Semmler, Mo		er name		Office s	sought			Office he	eld	
	Date		Payee name (see previo										
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip	Code					
	Expenditure from corporate funds												
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categ	ories listed at the	e top of this sc	hedule)	(b)	=		ide of Texas. Com , officeholder livinç		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off Horton, Mari		er name		Office s	sought			Office he	eld	
	Date 11/14/2024		Payee name CAZ Consu		LLC								
	Amount (\$) \$2,600.00		Payee addre	•	City; anch Clearf		e; Zip	Code					
	Expenditure from corporate funds		Fort Worth,	, TX 76	6109								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Advertising			e top of this sc	hedule)	(b)		n, TX	ide of Texas. Com , officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off Dawson, Lin		er name		Office s	sought			Office he	eld	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 4/10 Rpt: 10/16	Parent Empowerment PAC 00088901	
4 Date	5 Payee name	_
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
Expenditure from		
corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	_
, ,		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
Date	Payee name	=
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	_
γ πιοαπε (Φ)	rayee address, City, Cato, Lip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Horton, Marianne	
		_

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 5/10 Rpt: 11/16	Parent Empowerment PAC 00088901	
4 Date	5 Payee name	
11/14/2024	CAZ Consulting, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.16	5049 Edwards Ranch Clearfork	
Expenditure from corporate funds	Fort Worth, TX 76109	
		4
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Texting - MMS	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
expenditure to benefit C/OI	H Dawson, Lindsay	
Date	Payee name	╡
	(see previous)	
Amount (¢)		4
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
_//	Check if Austin, TX, officeholder living expense	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ere	□ May, Nicole	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Cotomore.	_
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1 Total pages Schedule Sch: 6/10 Rpt: 12		3 Filer ID (Ethics Commission Filers) 00088901
4 Date	5 Payee name (see previous)	0000001
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 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
Complete ONLY if divergenditure to benefit		Office held
Date 10/31/2024	Payee name CAZ Consulting, LLC	
Amount (\$) \$4,712	Payee address; City; State; Zip Code 2.88 5049 Edwards Ranch Clearfork	
Expenditure from corporate funds	Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting - MMS
Complete ONLY if disexpenditure to benefit		Office held
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
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
Complete ONLY if direxpenditure to benefit		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment		or I ravel Out of District or OTHER (enter a category not listed above)			
	The Instruction Guide explains how to comp	lete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 7/10 Rpt: 13/16	Parent Empowerment PAC	00088901			
4 Date	5 Payee name	•			
	(see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
• Allount (\$)	Tayoo aaarooo, Oxy, Oxac, Ep Coac				
Expenditure from					
corporate funds					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)) Description			
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Oncok in Auduli, 174, officeriolaer in hig experies			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held			
expenditure to benefit C/O		- Since here			
D :					
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description			
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Operation ONE Wife discont	Out did to 10 ff and a later and a second se	Office health			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held			
<u>'</u>	Horton, Marianne				
Date	Payee name				
10/31/2024	CAZ Consulting, LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$4,558.40	5049 Edwards Ranch Clearfork				
Expenditure from corporate funds	Fort Worth, TX 76109				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description			
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Texting - MMS			
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held			
expenditure to benefit C/OH					

SCHEDULE F1

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

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 8/10 Rpt: 14/16	Parent Empowerment PAC 00088901	
4 Date	5 Payee name	
10/31/2024	CAZ Consulting, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,135.04	5049 Edwards Ranch Clearfork	
Expenditure from	5 . W. d. TV 70400	
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 Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Texting - MMS	
	Texting - Wivis	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to beliefit 6/01	H Dawson, Lindsay	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
γ unodite (Φ)	Tuyoo addisoo, Oily, Callo, Lip code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH May, Nicole		
Date	Payee name	_
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholds/ (Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 15/16	Parent Empowerment PAC 00088901
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
• •	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Horton, Marianne
Date	Payee name
11/05/2024	Regions Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	17465 Spring Cypress Rd.
	3 3/1 3 3/1
Expenditure from	Cypress, TX 77429
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
	Wire transfer fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/04/2024	Regions Bank
	· ·
Amount (\$) \$15.00	Payee address; City; State; Zip Code 17465 Spring Cypress Rd.
\$15.00	17405 Spring Cypress Ru.
Expenditure from	
corporate funds	Cypress, TX 77429
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wire transfer fee
	vviie uarisieriee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 16/16	Parent Empowerment PAC 00088901
4 Date	5 Payee name
11/04/2024	Regions Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	17465 Spring Cypress Rd.
Expenditure from corporate funds	Cypress, TX 77429
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Wire transfer fee
	while transier lee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	WinRed
Amount (\$)	Payee address; City; State; Zip Code
\$3.25	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	Fees 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/O	Candidate/Officeholder name Office sought Office held