GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 00086798 15							
3	COMMITTEE NAME					OFFICE USE ONLY		
	Texas Parents Uni	ted				Date Received		
						01/14/2025		
Ļ	00000		-) (01/14/2023		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	IY;	STATE; ZIP COE	DE			
		P.O. Box 667				Date Hand-delivered or Date Postmarked		
	Change of Address							
		Leander, TX 78646				Receipt # Amount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS/MRS/MR FIRST				MI		
	TREASURER NAME	Mrs. Kristen						
	NAME							
		NICKNAME LAST				SUFFIX		
		Machicek						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #; C	CITY;	STATE; ZIP CODE		
	TREASURER	28610 HWY 290 STE F09						
	STREET ADDRESS	PO Box 375						
	(Residence or Business)	Cypress, TX 77433						
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE		
	TREASURER	28610 HWY 290 STE F09			- 1	- ,		
	MAILING ADDRESS	PO Box 375						
	Change of Address	Cypress, TX 77433						
8		AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER PHONE	(281) 536-1920						
L								
9	REPORT TYPE	X January 15	80th	day before election		Dissolution (Attach PAC-DR)		
			8th d	ay before election		10th day after campaign treasurer		
		July 15			L	termination		
		—	Runc	IT				
10	PERIOD	Month Day Year		Month [Day	Year		
	COVERED	07/01/2024	ΉR	OUGH 12/31	/2024			
11	ELECTION	ELECTION DATE			ΡE	_		
		Month Day Year	Prin	nary Runoff		Other		
			Gen	eral Special				
		-						
		· · · · · · · · · · · · · · · · · · ·						
		GO	тС	PAGE 2				
Foi	rms provided by Tex	xas Ethics Commission www.e	ethio	cs.state.tx.us	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Parents United			0008679	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(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		
	0.011			
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) gualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Þ	1,090.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,408.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,198.92
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Kriste	n Machicek	<
		Signature of Ca	npaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		uuj
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - GPAC		
		OVER SHEET PG 3 3 of 15
17 COMMITTEE NAME Texas Parents United	18 Filer ID 00086798	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,090.82
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	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	\$ 4,408.12
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	\$

MONETARY POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/15	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
Texas Parer			00086798	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
07/15/2024	Davis, Laura		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Leander, TX 78641		-	
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Homemaker		None		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
07/17/2024	Herrera, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78641		-	
	upation / Job title (See Instructions)	Employer (See Instructions))	
GM		CSSI		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
08/20/2024	Herrera, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78641		-	
·	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
GM		CSSI		
Date	Full name of contributor Out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
09/18/2024	Herrera, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
Drivering	Leander, TX 78641		、	
-	upation / Job title (See Instructions)	Employer (See Instructions))	
GM	<u> </u>	CSSI		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
10/17/2024	Herrera, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
	Leender TV 706/1			
	Leander, TX 78641			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
GM		CSSI		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/15 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Parents United** 00086798 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 11/19/2024 Herrera, Michael \$25.00 6 Contributor address; City; State; Zip Code Leander, TX 78641 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CSSI GM Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/18/2024 Herrera, Michael \$25.00 Contributor address; City; State; Zip Code Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) CSSI GM Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/19/2024 Moore, Laurie \$100.00 Contributor address; City; State; Zip Code Austin, TX 78613-3266 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Dell Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$740.82 ScottReeseForKids Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions)

CONTRIBUTIO	PENDITURES FROM POLITIC	AL			SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Polling	Repayme Overhea Expens g Expens es/Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1 Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
Sch: 1/10 Rpt: 6/15	Texas Parents United		ľ	00086798	(
4 Date	5 Payee name				
07/10/2024	Anedot				
6 Amount (\$) \$4.30 Expenditure from corporate funds	7 Payee address; City; State; Zip 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outs Check if Austin, TX Anedot service	, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ought		Office h	eld
Date	Payee name				
07/15/2024	Anedot				
Amount (\$) \$1.30 Expenditure from corporate funds	Payee address; City; State; Zip 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outs Check if Austin, TX Anedot service	, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ought		Office h	eld
Date	Payee name				
07/16/2024	Anedot				
Amount (\$) \$4.30 Expenditure from corporate funds	Payee address; City; State; Zip 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	Code			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Fees		Check if travel outs Check if Austin, TX Anedot service	, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	ought		Office h	eld

POLITICAL E CONTRIBUTI	XPENDITURES FROM POLITICAL SCHEDULE F1
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mar Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 7/15	Texas Parents United 00086798
4 Date	5 Payee name
08/15/2024	Anedot
6 Amount (\$) \$1.3	7 Payee address; City; State; Zip Code 50 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
09/15/2024	Anedot
Amount (\$) \$1.3	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
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 Anedot service fee
Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
10/15/2024	Anedot
Amount (\$) \$1.3	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808

\$1.30	5555 Hilton Ave		
Expenditure from corporate funds	Suite 106 Baton Rouge, LA 70808		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Fees	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1			
	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/F Fees Office Overhead/R Food/Beverage Expense Polling Expense /- Gift/Awards/Memorials Expense Printing Expense	teimbursement Solicitation/Fundraising Expense ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Intract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/10 Rpt: 8/15	Texas Parents United	00086798	
4 Date	5 Payee name		
11/15/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.30	5555 Hilton Ave		
	Suite 106		
Expenditure from corporate funds	Baton Rouge, LA 70808		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE		Check if Austin, TX, officeholder living expense	
	A	nedot service fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
12/15/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.30	5555 Hilton Ave		
	Suite 106		
Expenditure from corporate funds	Baton Rouge, LA 70808		
PURPOSE		escription	
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
	А	nedot service fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
experialitie to beliefit C/OI		Onice neid	
	H	Once heiu	
Date	H Payee name		
	H Payee name C3 Management		
Date 08/07/2024 Amount (\$)	H Payee name C3 Management Payee address; City; State; Zip Code		
Date 08/07/2024	H Payee name C3 Management		
Date 08/07/2024 Amount (\$)	H Payee name C3 Management Payee address; City; State; Zip Code		
Date 08/07/2024 Amount (\$) \$110.00 Expenditure from corporate funds PURPOSE	H Payee name C3 Management Payee address; City; State; Zip Code 7720 Laura Lake Ln. Fort Worth, TX 76126	escription	
Date 08/07/2024 Amount (\$) \$110.00 Expenditure from corporate funds	H Payee name C3 Management Payee address; City; State; Zip Code 7720 Laura Lake Ln. Fort Worth, TX 76126		

 Complete ONLY if direct
 Candidate/Officeholder name
 Office sought
 Office held

 expenditure to benefit C/OH
 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		t 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 4/10 Rpt: 9/15	Texas Parents United	00086798	
4 Date 11/08/2024	5 Payee name C3 Management		
6 Δmount (\$)	-		
6 Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 7720 Laura Lake Ln.		
φ00.00	1120 Eadra Eake En.		
Expenditure from corporate funds	Fort Worth, TX 76126		
8 PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense NG ServiceS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
10/07/2024	Community Impact		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,025.00	3600 E. Palm Valley Blvd. Box #3		
Expenditure from corporate funds	Round Rock, TX 78665		
PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ent	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
08/27/2024	IRS		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.74	801 S Highway 183		
Expenditure from corporate funds	Leander, TX 78641		
PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	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: 5/10 Rpt: 10/15	Texas Parents United 00086798
4 Date 08/07/2024	5 Payee name United States Postal Service
6 Amount (\$) \$91.00	7 Payee address; City; State; Zip Code 801 S Highway 183
Expenditure from corporate funds	Leander, TX 78641
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Vonage
Amount (\$)	Payee address; City; State; Zip Code
\$37.88	3703 Telephone Road
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2024	Vonage
Amount (\$)	Payee address; City; State; Zip Code
\$37.88	3703 Telephone Road
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone Service
Complete ONLY 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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 11/15	Texas Parents United 00086798
4 Date 09/09/2024	5 Payee name Vonage
6 Amount (\$) \$38.07	7 Payee address; City; State; Zip Code 3703 Telephone Road
430.0 <i>1</i>	STOS Telephone Road
Expenditure from corporate funds	Houston, TX 77023
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2024	Vonage
Amount (\$)	Payee address; City; State; Zip Code
\$38.22	3703 Telephone Road
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/08/2024	Vonage
Amount (\$)	Payee address; City; State; Zip Code
\$38.22	3703 Telephone Road
Expenditure from corporate funds	Houston, TX 77023
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service
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 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: 7/10 Rpt: 12/15	Texas Parents United 00086798			
4 Date	5 Payee name			
12/09/2024	Vonage			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$38.22	3703 Telephone Road			
Expenditure from corporate funds	Houston, TX 77023			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Phone service			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
07/08/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$70.14	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/22/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.67	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
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 B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/10 Rpt: 13/15	Texas Parents United 00086798			
4 Date	5 Payee name			
08/07/2024	Wix			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$70.14	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 Website 			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
08/19/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.67	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Complete Sought Office held				
Date	Payee name			
09/10/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$70.14	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
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 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:				
Sch: 9/10 Rpt: 14/15	Texas Parents United 00086798			
4 Date 09/19/2024	5 Payee name Wix			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.67	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 Website 			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
Date	Payee name			
10/07/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$70.14	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held				
Date	Payee name			
10/21/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.67	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 			
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 Ov Food/Beverage Expense Polling Expense Printing E	Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 10/10 Rpt: 15/15	Texas Parents United	00086798		
4 Date 11/12/2024	5 Payee name Wix			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$70.14	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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 Website		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
12/02/2024	Wix			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$38.97	500 Tery A Francois Blvd Fl 6			
Expenditure from corporate funds	San Francisco, CA 94158			
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held		
Date	Payee name			
12/09/2024	Wix			
Amount (\$) \$70.14	Payee address; City; State; Zip Co 500 Tery A Francois Blvd Fl 6	ode		
Expenditure from corporate funds	San Francisco, CA 94158			
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held		