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) 00057682 2 Total pages filed: 13						
3	COMMITTEE NAME					OFFICE USE ONL	Y
	Texas Parent PAC				Date Re		
							D
					01/15	5/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CODE			
	ADDRESS	P.O. Box 303010			Date Ha	and-delivered or Date Postmar	kod
	-				Dale Ha	and-delivered of Date Postman	keu
	Change of Address	Austin, TX 78703-0051					
		Austin, 1X 78703-0051			Receipt	# Amount	
					Date Pr	ocessed	
					Date Im	laged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST			MI		
	NAME	Mr. Blake G.					
		NICKNAME LAST			SUFFI	 Х	
		Powell					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY;		STATE; ZI	- CODE
6	TREASURER			APT/SUITE#, CITT,		STATE, ZI	CODE
	STREET	108 Wild Basin Rd., Ste. 100					
	ADDRESS						
	(Residence or Business)	Austin, TX 78746					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CIT	(;	STATE; ZI	P CODE
	TREASURER	108 Wild Basin Rd., Ste. 100					
	MAILING ADDRESS						
	Change of Address	Austin, TX 78746					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION			
	TREASURER	(512) 494-1177					
	PHONE						
9	REPORT			-	-		
ľ	TYPE	X January 15	Oth	day before election	Diss	olution (Attach PAC-DR)	
			th da	ay before election		day after campaign treasu	urer
		July 15	Runo	#	term	lination	
			uno				
10	PERIOD	Month Day Year		Month Day	Ye	ear	
	COVERED	10/27/2024 T	HR	DUGH 12/31/202	24		
11	ELECTION	ELECTION DATE		ELECTION TYPE			
			Prim	ary Runoff		Other	
		11/05/2024	_				
			Gen	eral Special			
L							
	GO TO PAGE 2						
Γοι	rms provided by Tex	xas Ethics Commission www.e	thic	s.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 Parent PAC			00057682	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Laurel Swift State Representa	tive	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	150.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	50.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,900.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	6,040.25
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Blake Signature of Car	G. Powell	rer
		Signature of Ca	npaign neasu	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

						Page 3 of 13
12 COMMITTEE NAME Texas Parent PAC					13 Filer ID 00057682	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jennie Birkholz	State Represent	tative	
(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.)					

SUB	FORM GPAC OVER SHEET PG 3 4 of 13		
17 COMMIT Texas F	(Ethics Commission Filers)		
	JLE SUBTOTALS F SCHEDULE	I	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
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	\$ 3,900.76
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	SCHEDULE A1			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/13			
2 FILER NAME Texas Parent PAC	3 Filer ID (Ethics Commission Filers) 00057682			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 11/05/2024 Blanco County Democratic Party 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$250.00			
Johnson City, TX 78636-2005				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	;)			
Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Carlisle, Anette Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$250.00			
Amarillo, TX 79102				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant	;)			
Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Downes, Carie	Amount of Contribution (\$) \$50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Educator	;)			
Date Full name of contributor out-of-state PAC (ID#:) 12/04/2024 Downes, Carie	Amount of Contribution (\$) \$50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions Educator	<u>)</u>			
Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Everitt, Patti	Amount of Contribution (\$) \$150.00			
Austin, TX 78722 Principal occupation / Job title (See Instructions) Education Consultant Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 6/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Parent PAC** 00057682 Date 5 Full name of contributor 4 out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/14/2024 Milder, Scott \$250.00 6 Contributor address; City; State; Zip Code Rockwall, TX 75087 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Public Relations** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2024 \$1,000.00 Miller, Dinah Contributor address; City; State; Zip Code Dallas, TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Volunteer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/31/2024 Powell, Blake \$550.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/28/2024 \$250.00 Smith, Greg Contributor address; City; State; Zip Code League City, TX 77573 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/23/2024 \$50.00 St. John, Becky Contributor address; City; State; Zip Code Grapevine, TX 76051 Principal occupation / Job title (See Instructions) Employer (See Instructions) Housing Coordinator

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 7/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Parent PAC** 00057682 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/23/2024 St. John, Becky \$50.00 6 Contributor address; City; State; Zip Code Grapevine, TX 76051 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Housing Coordinator Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/05/2024 \$50.00 Walsh, Jim Contributor address; City; State; Zip Code Austin, TX 78759-5184 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2024 Walsh, Jim \$50.00 Contributor address; City; State; Zip Code Austin, TX 78759-5184 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/31/2024 \$100.00 Yeager, Laura Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE (Event Expense Fees Food/Reverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office C Polling pense Printing Salaries	epayme Dverhead Expense Expens S/Wages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
Sch: 1/6 Rpt: 8/13	Texas Par						00057682	(
4 Date	5 Payee name	9						
11/01/2024	Beaird, Ca							
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	Code				
\$1,000.00	369 Fawn	RIver Run						
Expenditure from corporate funds	Kyle, TX 7	8640						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Contract Labor Check if Austin, TX, officeholder living expense Contract Labor								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ought			Office he	eld
Date	Payee name	e						
11/04/2024	Birkholz, J	ennie						
Amount (\$)	Payee addr	ess; City;	State; Zip C	Code				
\$2,000.00	PO Box 17	-	ounc, <u>-</u> ,					
Expenditure from corporate funds	Round Ro	ck, TX 78680						
PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the te ons/Donations Made /Officeholder/Politic	e By	(b)	Check if Austin	, тх, aign	de of Texas. Comp officeholder living Contributio	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office so	ought			Office he	eld
Date	Payee name							
11/12/2024	Constant C				_		_	
Amount (\$)	Payee addr	ess; City;	State; Zip C	Code				
\$87.42	1601 Trap	elo Road						
Expenditure from corporate funds	Waltham, I	MA 02451						
PURPOSE OF EXPENDITURE	(a) Category (; Advertising	See Categories listed at the te g Expense	op of this schedule)	(b)		, TX,	de of Texas. Comp officeholder living larketing Fee	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office so	ought			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

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: 2/6 Rpt: 9/13	Texas Parent PAC 00057682	
4 Date	5 Pavee name	
12/10/2024	Constant Contact	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$87.42	1601 Trapelo Road	
Expenditure from corporate funds	Waltham, MA 02451	
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	
	Monthly Email Marketing Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/29/2024	ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.68	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
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 Click & Pledge Donation Bank Fees 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/29/2024	Payee name ProPay Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.25	3400 Ashton Blvd, Ste 200	
Expenditure from corporate funds	Lehi, UT 84043	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Click & Pledge Donation Bank Fees		
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	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: Sch: 3/6 Rpt: 10/13	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Parent PAC 00057682				
4 Date	5 Payee name				
10/30/2024	ProPay Inc				
6 Amount (\$) \$62.48	7 Payee address; City; State; Zip Code 3400 Ashton Blvd, Ste 200				
Expenditure from corporate funds	Lehi, UT 84043				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Click & Pledge Donation Bank Fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/30/2024	ProPay Inc				
Amount (\$)	Payee address; City; State; Zip Code				
\$12.68	3400 Ashton Blvd, Ste 200				
Expenditure from corporate funds	Lehi, UT 84043				
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 Click & Pledge Donation Bank Fees 				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/31/2024	ProPay Inc				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.54	3400 Ashton Blvd, Ste 200				
Expenditure from corporate funds	Lehi, UT 84043				
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 Click & Pledge Donation Bank Fees 				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

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: 4/6 Rpt: 11/13	Texas Parent PAC 00057682		
4 Date 11/03/2024	5 Payee name ProPay Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$43.27	3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
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 Click & Pledge Donation Bank Fees 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/04/2024	ProPay Inc		
Amount (\$) \$2.78	Payee address; City; State; Zip Code 3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
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 Click & Pledge Donation Bank Fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/23/2024	ProPay Inc		
Amount (\$) \$2.78	Payee address; City; State; Zip Code 3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
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 Click & Pledge Donation Bank Fees 		
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:			
Sch: 5/6 Rpt: 12/13	Texas Parent PAC 3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		
12/02/2024	ProPay Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$14.22	3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Click & Pledge Donation Bank Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/06/2024	ProPay Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.78	3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
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 Click & Pledge Donation Bank Fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/18/2024	ProPay Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$12.68	3400 Ashton Blvd, Ste 200		
Expenditure from corporate funds	Lehi, UT 84043		
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 Click & Pledge Donation Bank Fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGOF Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 13/13	Texas Parent PAC		00057682
4 Date	5 Payee name		
12/26/2024	ProPay Inc		
6 Amount (\$) \$2.78	7 Payee address; City; State;3400 Ashton Blvd, Ste 200	Zip Code	
Expenditure from corporate funds	Lehi, UT 84043		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense e Donation Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		office sought	Office held
Date	Payee name		
11/01/2024	Swift, Laurel Jordan		
Amount (\$) \$500.00 Expenditure from corporate funds	Payee address; City; State; PO Box 6866 San Antonio, TX 78209	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee	utside of Texas. Complete Schedule T. TX, officeholder living expense ign Contribution for Laurel Jordan Swift paign
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held