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) 00088720 3 COMMITTEE NAME **OFFICE USE ONLY Contract With Texas** Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1412 Date Hand-delivered or Date Postmarked Change of Address Pflugerville, TX 78660 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jonathan NAME NICKNAME LAST **SUFFIX** Schober STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 304 Red Tailed Hawk STREET **ADDRESS** (Residence or Business) Pflugerville, TX 78660 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 304 Red Tailed Hawk MAILING **ADDRESS** Pflugerville, TX 78660 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 771-2969 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 Month Day Year Day Month **COVERED THROUGH** 07/01/2024 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 ID	(Ethics Commission Filers)
Contract With Texas			00088720	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		A Company		
	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.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,169.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	16,518.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	148.03
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	3,500.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pr true and correct and includes all info under Title 15, Election Code.		
			an Schober ampaign Treasu	rer
		Signature of Co	ampaigii iicasu	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		,	this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 22
l		EE NAME Vith Texas	18 Filer ID 00088720	(Ethics Commission Filers)
	HEDULI	00000:20		
l		SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,169.10
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 CONTRIBUTIONS	5	\$ 9,136.75
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 7,382.21
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 I TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/22	
2	FILER NAME Contract Wit	n Texas			3	Filer ID (Ethics Commission 00088720	on Filers)
4	Date 07/24/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$1,000.00
8		DALLAS, TX 75225 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	OIL AND GA Date 08/04/2024	Full name of contributor out-of-state		SELF EMPLOYED		Amount of Contribution (\$)	\$52.05
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 08/21/2024	BRUCE, ROBERT Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$52.05
	•	BOERNE, TX 78006 pation / Job title (See Instructions) / PRODUCER		Employer (See Instructions SELF EMPLOYED	5)		
	Date 12/19/2024	BRUCE, ROBERT				Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) / PRODUCER		Employer (See Instructions	<u> </u>		
	Date 11/19/2024	Full name of contributor out-of-state BRUCE, ROBERT Contributor address; City; State; Zip Code BOERNE, TX 78006	e PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) / PRODUCER		Employer (See Instructions SELF EMPLOYED)		
			,				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/22			
2	FILER NAME Contract Wit	h Texas			3	Filer ID (Ethics Commission 00088720	n Filers)	
4	Date 10/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00	
_		BOERNE, TX 78006						
8		pation / Job title (See Instructions) / PRODUCER	9	Employer (See Instructions SELF EMPLOYED	5)			
	Date 09/19/2024	Full name of contributor			•	Amount of Contribution (\$)	\$50.00	
	Principal occu	BOERNE, TX 78006 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>;)</u>			
		/ PRODUCER		SELF EMPLOYED	,			
	Date 09/16/2024	Full name of contributor	#:			Amount of Contribution (\$)	\$20.82	
	Deinsinal assu	BRYSON, TX 76427	_	Franks or (Cook last webis as	<u></u>			
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)			
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID) GALLE, MARCY Contributor address; City; State; Zip Code WILLOW PARK, TX 76087			•	Amount of Contribution (\$)	\$104.10	
	Principal occu ACTIVIST	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)			
	Date 08/25/2024	Full name of contributor out-of-state PAC (ID#GIBBS, DAN Contributor address; City; State; Zip Code HOUSTON, TX 77066				Amount of Contribution (\$)	\$100.00	
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			1					

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/22	
2	FILER NAME Contract Wit			3 Filer ID (Ethics Commission F 00088720	ilers)
4	Date 08/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ HARPER, TERRY 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$50.00
_	<u> </u>	SEGUIN, TX 78155			
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions COVENANT CONTRAC		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:_ HARPER, TERRY Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$50.00
	Dringing occu	SEGUIN, TX 78155	Employer (See Instructions		
	CEO	pation / Job title (See Instructions)	Employer (See Instructions COVENANT CONTRAC		
	Date 08/02/2024	Full name of contributor)	Amount of Contribution (\$)	\$25.00
		SAN ANTONIO, TX 78232			
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions) RETIRED)	
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ HENDRICKSON, LISA Contributor address; City; State; Zip Code ARGYLE, TX 76226		Amount of Contribution (\$) \$1	.,000.00
	Principal occu CM	pation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_HOLT, JANIS Contributor address; City; State; Zip Code SILSBEE, TX 77656)	Amount of Contribution (\$)	\$416.41
	Principal occu MANAGEME	pation / Job title (See Instructions) ENT	Employer (See Instructions SELF EMPLOYED)	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/22	
2	FILER NAME Contract Wit	h Texas			3	Filer ID (Ethics Commission 00088720	n Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state F	-)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	SHERMAN, TX 75092	la	Foundation (Construction			
8	Principal occu RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	<u></u>		
	Date 09/24/2024	Full name of contributor	-			Amount of Contribution (\$)	\$26.03
	Principal occu	BEDFORD, TX 76021 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RETIRED			RETIRED	,		
	Date 08/29/2024	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		BYNUM, TX 76631					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		
	Date 09/02/2024	Full name of contributor out-of-state F MERRICK, SUSAN Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	-)		Amount of Contribution (\$)	\$104.10
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 08/02/2024	Full name of contributor out-of-state F MILLS, ROXANNE Contributor address; City; State; Zip Code PANORAMA VLG, TX 77304	PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			.				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	ori	m.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/22			
2	FILER NAME Contract Wit	h Texas			3	Filer ID (Ethics Commission 00088720	on Filers)	
4	Date 07/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$104.10	
	Dringing! goog	GREENVILLE, TX 75401	_	Employer (See Instructions	<u></u>			
0		pation / Job title (See Instructions) D ATTORNEY	9	Employer (See Instructions MONEY LAW & TITLE	»)			
	Date 08/12/2024	Contributor address; City; State; Zip Code			-	Amount of Contribution (\$)	\$104.10	
	Principal occu	ARGYLE, TX 76226 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
	OWNER YAVIN DIGITAL							
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#: MONTGOMERY, SHELLEY Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.05	
	Principal occu	PALTOM CITY, TX 76137 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	BUSINESS I	DEVELOPMENT		LUCAS	•			
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ REPUBLICAN PARTY OF DALLAS COUNTY Contributor address; City; State; Zip Code DALLAS, TX 75243)		Amount of Contribution (\$)	\$2,499.06	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)			
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ REPUBLICAN PARTY OF MONTAGUE COUNT Contributor address; City; State; Zip Code SAINT JO, TX 76265)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
		-						

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/22	
2	FILER NAME Contract Wit			3	Filer ID (Ethics Commission 00088720	n Filers)
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ RICHARDSON, KERESA 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$104.10
8	Principal occu	MCKINNEY, TX 75072 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	CEO	pation / Job title (See Instructions)	LAWTON GROUP)		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ SCHOOLCRAFT FOR TEXAS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$400.00
	Dringing	MCQUEENEY, TX 78123	Franksian (Cook batwatians			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR BRIAN HARRISON Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		WAXAHACHIE, TX 75165				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/16/2024	Full name of contributor out-of-state PAC (ID#:_ TILLMAN, CALVIN Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272			Amount of Contribution (\$)	\$26.03
	Principal occu SAAI	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_VAIL, LOU Contributor address; City; State; Zip Code KNOX CITY, TX 79529			Amount of Contribution (\$)	\$25.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 7/7 Rpt: 10/22	
2	FILER NAME			3	Filer ID (Ethics Commissio 00088720	n Filers)
4	Date 08/29/2024	5 Full name of contributor out-of-state PAC (ID#:_VALLIANT, SUSAN 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$52.05
		ARLINGTON, TX 76015				
8	Principal occu RN	upation / Job title (See Instructions)	9 Employer (See Instructions JSP HEALTH NETWOR			
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ WAMHOFF, PATRICK Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	FRISCO, TX 75036 upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	INTERNATI	ONAL ACCOUNT EXECUTIVE	ASURION			
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ WRIGHT, MAGGIE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.05
		BURLESON, TX 76028				
	Principal occu RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	ıs)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_WYLIE, DAVID Contributor address; City; State; Zip Code ARGYLE, TX 76226)		Amount of Contribution (\$)	\$500.00
	Principal occu RETIRED	upation / Job title (See Instructions)	Employer (See Instructions RETIRED	ıs)		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

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: 1/7 Rpt: 11/22	Contract With Texas 00088720
4 Date	5 Payee name
07/03/2024	CROSBY OTTENHOFF GROUP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$738.75	421 OFFICE PARK DR
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223
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 COMPLIANCE CONSULTING
	CONFLIANCE CONSULTING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/09/2024	CROSBY OTTENHOFF GROUP
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	421 OFFICE PARK DR
Evnenditure from	
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223
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.
	COMPLIANCE CONSULTING
	COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
5.	
Date	Payee name
09/04/2024	CROSBY OTTENHOFF GROUP
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	421 OFFICE PARK DR
Expenditure from corporate funds	MOUNTAIN BROOK, AL 35223
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 COMPLIANCE CONSULTING
	CONFLIANCE CONSULTING
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 -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/7 Rpt: 12/22 Contract With Texas 00088720 4 Date Payee name 12/04/2024 CROSBY OTTENHOFF GROUP 6 Amount (\$) Payee address; City; State; Zip Code \$398.27 421 OFFICE PARK DR Expenditure from MOUNTAIN BROOK, AL 35223 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2024 **IDEAS & ATTITUDES** Amount (\$) Payee address; State; Zip Code City; \$750.00 3219 HIGHLAND LAURELS DR Expenditure from KINGWOOD, TX 77345 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **SIGNS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/06/2024 **IDEAS & ATTITUDES** Amount (\$) Payee address: City; State; Zip Code \$750.00 3219 HIGHLAND LAURELS DR Expenditure from corporate funds KINGWOOD, TX 77345 **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 **SIGNS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

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	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 13/22	Contract With Texas 00088720
4 Date	5 Payee name
08/05/2024	VISCUSI, ALEX
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,483.95	1112 LOPO RD
Expenditure from	
corporate funds	FLOWER MOUND, TX 75028
8 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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	SIGNS
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	
Date	Payee name
07/01/2024	WINRED
Amount (\$)	Payee address; City; State; Zip Code
\$13.95	1776 WILSON BLVD
Ψ10.95	
Expenditure from	STE 530
corporate funds	ARLINGTON, VA 22219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	CREDIT CARD PROCESSING FEES
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	
Date	Payee name
07/08/2024	WINRED
Amount (\$)	Payee address; City; State; Zip Code
\$28.63	1776 WILSON BLVD
	STE 530
Expenditure from corporate funds	ARLINGTON, VA 22219
•	
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
	CREDIT CARD PROCESSING FEES
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/7 Rpt: 14/22	2 FILER NAME Contract With Texas 3 Filer ID (Ethics Commission Filers) 00088720
4 Date 07/15/2024	5 Payee name WINRED
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 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 CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 07/29/2024	Payee name WINRED
Amount (\$) \$118.20 Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 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 CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 08/12/2024	Payee name WINRED
Amount (\$) \$13.88 Expenditure from corporate funds	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 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 CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

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

Candidate/Officeholder/Politic 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: 5/7 Rpt: 15/22	Contract With Texas 00088720		
4 Date	5 Payee name		
08/19/2024	WINRED		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$6.07	1776 WILSON BLVD		
	STE 530		
Expenditure from corporate funds	ARLINGTON, VA 22219		
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.		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	CREDIT CARD PROCESSING FEES		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
08/26/2024	WINRED		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.10	1776 WILSON BLVD		
Ţ <u>_</u> 5	STE 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.		
	CREDIT CARD DROCESCING FEEC		
	CREDIT CARD PROCESSING FEES		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
experialitate to benefit G/OTT			
Date	Payee name		
09/03/2024	WINRED		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.99	1776 WILSON BLVD		
	STE 530		
Expenditure from			
corporate funds	ARLINGTON, VA 22219		
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.		
	CREDIT CARD PROCESSING FEES		
	CREDIT CARD PROCESSING FEES		
Operation Chilly (18 18	Out tile to 10 ff and hald a marrier		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

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

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 6/7 Rpt: 16/22	Contract With Texas 00088720			
4 Date	5 Payee name			
09/09/2024	WINRED			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$7.06	1776 WILSON BLVD			
	STE 530			
Expenditure from	ARLINGTON, VA 22219			
corporate funds	1			
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			
	CREDIT CARD PROCESSING FEES			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
09/23/2024	WINRED			
Amount (\$)	Payee address; City; State; Zip Code			
\$4.84	1776 WILSON BLVD			
	STE 530			
Expenditure from corporate funds	ARLINGTON, VA 22219			
·	1			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description 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			
	CREDIT CARD PROCESSING FEES			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
Date	Payee name			
10/01/2024	WINRED			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.02	1776 WILSON BLVD			
	STE 530			
Expenditure from corporate funds	ARLINGTON, VA 22219			
PURPOSE				
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	CREDIT CARD PROCESSING FEES			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage	es/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to comp			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 7/7 Rpt: 17/22	Contract With Texas	00088720		
4 Date	5 Payee name	·		
10/28/2024	WINRED			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
` '				
\$1.97	1776 WILSON BLVD			
Expenditure from	STE 530			
corporate funds	ARLINGTON, VA 22219			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		CREDIT CARD PROCESSING FEES		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held		
expenditure to benefit C/O	н			
Date	Payee name			
11/25/2024	WINRED			
Amount (\$)				
` '				
\$3.00	1776 WILSON BLVD			
Expenditure from	STE 530			
corporate funds	ARLINGTON, VA 22219			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		CREDIT CARD PROCESSING FEES		
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held		
expenditure to benefit C/OH				
Date	Davisa nama			
	Payee name			
12/23/2024	WINRED			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.97	1776 WILSON BLVD			
	STE 530			
Expenditure from corporate funds	ARLINGTON, VA 22219			
PURPOSE	(4)) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense		
		CREDIT CARD PROCESSING FEES		
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held		
expenditure to benefit C/OH				

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 18/22 Contract With Texas 00088720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 07/16/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; City; State; Zip Code \$801.73 421 OFFICE PARK DR Expenditure from corporate funds MOUNTAIN BROOK, AL 35223 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; City; State; Zip Code \$1,468.75 421 OFFICE PARK DR Expenditure from MOUNTAIN BROOK, AL 35223 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 19/22 Contract With Texas 00088720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 09/11/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; State; Zip Code City; \$1,000.00 421 OFFICE PARK DR Expenditure from MOUNTAIN BROOK, AL 35223 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; City; State; Zip Code \$1,000.00 421 OFFICE PARK DR Expenditure from MOUNTAIN BROOK, AL 35223 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 20/22 **Contract With Texas** 00088720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 11/19/2024 **CROSBY OTTENHOFF GROUP** Amount (\$) Payee address; City; State; Zip Code \$1,586.25 421 OFFICE PARK DR Expenditure from MOUNTAIN BROOK, AL 35223 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2024 VISCUSI, ALEX Amount (\$) Payee address; City; State; Zip Code \$116.29 **1112 LOPO RD** Expenditure from FLOWER MOUND, TX 75028 corporate funds TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Check if Austin, TX, officeholder living expense

Office held

FOOD / BEVERAGE

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 21/22 Contract With Texas 00088720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 07/08/2024 VISCUSI, ALEX Amount (\$) Payee address; State; Zip Code City; \$708.00 **1112 LOPO RD** Expenditure from FLOWER MOUND, TX 75028 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **SUPPLIES** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2024 VISCUSI, ALEX Amount (\$) Payee address; City; State; Zip Code \$300.00 **1112 LOPO RD** Expenditure from FLOWER MOUND, TX 75028 corporate funds TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense SUPPLIES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 22/22 **Contract With Texas** 00088720 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 09/13/2024 VISCUSI, ALEX Amount (\$) Payee address; City; State; Zip Code \$401.19 1112 LOPO RD Expenditure from FLOWER MOUND, TX 75028 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **POSTAGE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH