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) 00081021 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Dripping Springs Education Date Received **ELECTRONICALLY FILED** 01/09/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 166 Hargraves Dr Date Hand-delivered or Date Postmarked Ste#C-400-643 Change of Address Austin, TX 78737 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Monica NAME NICKNAME LAST **SUFFIX** Newton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 288 Dry Creek Rd. STREET **ADDRESS** (Residence or Business) Austin, TX 78737 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 288 Dry Creek Rd. MAILING **ADDRESS** Austin, TX 78737 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 999-1552 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** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/06/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
Friends of Dripping S	prings Education		0008	31021	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	I		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Managuras	A. Supported			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAT DR 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 LOAN		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	308.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE G PERIOD	LAST DAY	\$	1,908.50
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD		\$	0.00
.6 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		M	Ionica Newtor	n	
			of Campaign 1		er
AFEIX NOTAI	RY STAMP / SEAL ABOVE	· ·	. 0		
ALLIXINOTAL	INT STAINE / SEAL ABOVE				
			, this the		day
of	, 20, to certify	hich, witness my hand and seal of office.			
					
Signature of officer	administering oath	Printed name of officer administering oath	Litle	ot office	r administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 12

				3 of 12
L7 COMMITT	EE NAME	18 Filer ID	(Ethics Commission	Filers)
Friends o	f Dripping Springs Education	00081021		
	E SUBTOTALS SCHEDULE	•	SUBTOTAL AN	OUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	308.55
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBUTION	ONS			SCHEDULE B
Т	he Instruction Guide explair	ns how to comple	te this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/12
2 FILER NAME			3	B Filer ID (Ethics Commission Filers)	
<u></u>	of Dripping Springs Education			+	00081021 \$ 0
	OF UNITEMIZED PLEDGES				
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8	Amount of 9 In-kind description pledge (\$) (If applicable)
	7 Pledgor Address; C	City; State; Zip Code			
				[Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instruction	ns)	11 Employer (See Instr	ructi	ions)

LOANS				SCHEDULE	E
The Instruction Guide explains	how to complete this t	form.	1	ges Schedule E: 1 Rpt: 5/12	
FILER NAME Friends of Dripping Springs Education	ı		3 Filer ID 000810	(Ethics Commission File	rs)
4 TOTAL OF UNITEMIZED LOANS				\$	0.00
5 Date of loan 7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	City; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal occupation / Job title (See Instruc	ctions)	13 Employer (See Instruction	s)		
14 Description of Collateral None		15 Check if personal funds w	ere deposited	d into political account (See Instructions)	
16 GUARANTOR INFORMATION 17 Name of guarantor				19 Amount Guaranteed	(\$)
not applicable 18 Guarantor address;	City; State;	Zip Code			
20 Principal occupation		21 Employer (See Instruction	s)		

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/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: 1/7 Rpt: 6/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
07/31/2024	Broadway Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
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 Bank Fees
	Builties
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
08/30/2024	Broadway Bank
Amount (\$)	Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
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
	Bank Fees
0 1 0 0 1 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/30/2024	Broadway Bank
Amount (\$)	Payee address; City; State; Zip Code
\$4.00	320 US 290
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

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

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)	П
Sch: 2/7 Rpt: 7/12	Friends of Dripping Springs Education 00081021	
4 Date	5 Payee name	
10/31/2024	Broadway Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.00	320 US 290	
Expenditure from corporate funds	Dripping Springs, TX 78620	
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	
	Bank Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiditure to beriefit C/Oi	1	
Date	Payee name	=
11/29/2024	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.00	320 US 290	
Ψ4.00	320 03 290	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
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.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Bank Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	=
12/31/2024	Broadway Bank	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.00	320 US 290	
φ4.00	320 03 290	
Expenditure from		
corporate funds	Dripping Springs, TX 78620	
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.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Bank Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
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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

The Instruction Guide explains how to complete	this form.
FILER NAME	3 Filer ID (Ethics Commission Filers)
Friends of Dripping Springs Education	00081021
Payee name	
Campaign Partner	
Payee address; City; State; Zip Code	
PO Box 118	
Still River, MA 01467	
Category (See Categories listed at the top of this schedule) (b) D	escription
Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
L	Check if Austin, TX, officeholder living expense /ebsite
, "	reporte
	Office held
Sandrade/Officeriolider flame Office Sought	Office field
,	
Payee address; City; State; Zip Code	
PO Box 118	
Still River, MA 01467	
Category (See Categories listed at the top of this schedule) (b) D	escription
Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
[Check if Austin, TX, officeholder living expense
V	/ebsite
Candidate/Officeholder name Office sought	Office held
	Office field
	Since field
Payee name	Since field
Payee name Campaign Partner	Office field
-	
Campaign Partner	
Campaign Partner Payee address; City; State; Zip Code	
Campaign Partner Payee address; City; State; Zip Code	
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	escription
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T.
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense (b) D	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ebsite
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense (b) D	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ebsite
Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense (b) D	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense /ebsite
	Payee name Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Campaign Partner Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 Category (See Categories listed at the top of this schedule) Advertising Expense (b) D Category (See Categories listed at the top of this schedule) Advertising Expense

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 9/12	Friends of Dripping Springs Education	00081021
4 Date	5 Payee name	
10/09/2024	Campaign Partner	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Expenditure from corporate funds	Still River, MA 01467	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
	\	Vebsite
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
11/09/2024	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Expenditure from corporate funds	Still River, MA 01467	
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
		Vebsite
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Office field
Date	Payee name	
12/09/2024	Campaign Partner	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.95	PO Box 118	
Expenditure from		
corporate funds	Still River, MA 01467	
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.
	<u> </u>	Check if Austin, TX, officeholder living expense Website
	,	vensile
Organists ONII Wife discret	Candidate/Officeholder name Office sought	Office heald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held
,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 5/7 Rpt: 10/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
09/10/2024	GoDaddy.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$22.17	2155 GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Domain
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	GoDaddy.com
Amount (¢)	
Amount (\$)	
\$140.58	2155 GoDaddy Way
Expenditure from corporate funds	Tempe, AZ 85284
•	T
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
	Web Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
5 .	
Date	Payee name
07/01/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Ψ13.00	1000 / imprintication (wy
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Cry Schedule T. Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Email Hosting
Operation Objects "	On didn't 10 ff a halden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	1

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/Officenolder/Politica	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: 11/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
08/01/2024	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Email Hosting
	Linui Hosting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
— Formanditure from	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Email Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
10/01/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Email Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 12/12	Friends of Dripping Springs Education 00081021
4 Date	5 Payee name
11/01/2024	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Email Hosting
	Email Hosting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/02/2024	Google
Amount (\$)	Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Ψ10.00	1000 Amphiliteate i Kwy
Expenditure from corporate funds	Mountain View, CA 94043
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
	Email Hosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	