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) 00087031 3 COMMITTEE NAME **OFFICE USE ONLY** MOAK CASEY PAC Date Received **ELECTRONICALLY FILED** 01/09/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Ginger NAME NICKNAME LAST **SUFFIX** Averitt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1001 Congress Ave STREET **ADDRESS** Ste 250 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1001 Congress Ave. MAILING **ADDRESS** Ste 250 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 560-4098 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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)
MOAK CASEY PAC			00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Paul Bettencourt State Senato	or	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	71,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	79,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,028.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Gin	ger Averitt	
		Signature of Ca	ımpaign Treasure	er
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

12 COMMITTEE NAME MOAK CASEY PAC						
					13 Filer ID	(Ethics Commission Filers)
					00087031	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brian Birdwell	State Senator		
report if necessary.)	0. Managemen	A. Comparison				
	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.)					
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Campl	oell State Senator		
(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.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Molly Cook Sta	ate Senator		
paper to complete this report if necessary.)						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Adam Hinojosa	State Senator		
(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.)					

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Chuy Hinojosa State Senator		
paper to complete this report if necessary.)		В. Орросси			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nathan Johnson State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lois Kolkhorst State Senator		
(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.)				

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12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC		00087031	
14 COMMITTEE ACTIVITY 1. Candidate (Identify by name of applicable, classify)	or, if		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measures (Describe by date location of election nature of issue.)			
	B. Opposed		
Officeholde Assisted (Identify by name eapplicable, classify)	or, if		
COMMITTEE ACTIVITY 1. Candidate (Identify by name of applicable, classify)	or, if	r	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measures (Describe by date location of election nature of issue.)	and		
	B. Opposed		
3. Officeholde Assisted (Identify by name of applicable, classify	or, if		
COMMITTEE ACTIVITY 1. Candidate (Identify by name of applicable, classify)	or, if		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measures (Describe by date location of election nature of issue.)	A. Supported		
	B. Opposed		
3. Officehold Assisted (Identify by name applicable, classify	or, if		
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Robert Nichols State Senator		
paper to complete this report if necessary.)					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Charles Perry State Senator		
(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.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kevin Sparks	State Senator		
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Royce West	State Senator		
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trent Ashby	State Represen	itative	
(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.)					

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12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC		00087031	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Jeff Barry State Representative		
(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		
Officeholders Assisted (Identify by name or, if applicable, classify by part	у.)		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Cecil Bell State Representative		
(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		
Officeholders Assisted (Identify by name or, if applicable, classify by part	у.)		
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by part	A. Supported Keith Bell State Representative		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
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 part	у.)		
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							rage 10 01 02
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC					00087031	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed Diego Bern	al State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed			
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Salman Bho	ojani State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed			
			B. Oppose	d			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ed Greg Bonne	en State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Support				
			B. Oppose	d			
	_	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					_
		applicable, classify by party.)					

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OMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
OAK CASEY PAC					00087031	
COMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Brad Buckley	State Representa	tive	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Bucy S	tate Representative	е	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrov	ws State Represen	itative	
Attach lists on plain aper to complete this eport 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.)					
A a	CTIVITY ttach lists on plain uper to complete this	a. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ttach lists on plain apper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted	anature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	anature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed 2. Measures (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.)	3. Officeholders Assisted (identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.)

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Canales State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nicole Collier State Representa	itive	
	(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.)				

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	COMMITTEE NAME					40 5115	
						13 Filer ID	(Ethics Commission Filers)
14	MOAK CASEY PAC					00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		David Cook	State Representativ	ve	
	(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				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby	State Representati	ve	
-	(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				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jay Dean S	tate Representative		
-	(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.)					

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OMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
COMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mano DeAyala	State Represent	ative	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Harold Dutton	State Representa	ative	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Gamez St	ate Representativ	ve	
Attach lists on plain aper to complete this eport 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.)					
۱C Ai	CTIVITY ttach lists on plain per to complete this	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ttach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported B. Opposed	In the control of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed Complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed Complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Opposed

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Josey Garcia	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if		Charlie Gerer	State Representa	ative	
	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				
	Officeholders Assisted (Identify by name or, if)					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Barbara Gerv	n-Hawkins State	Representative	
(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.)					

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12 COMMIT					13 Filer ID	(Ethics Commission Filers)
MOAK C	ASEY PAC				00087031	
14 COMMIT ACTIVITY		1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Guillen State Represer	ntative	
paper to c	ts on plain complete this ecessary.)		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.)				
COMMIT ACTIVITY		Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris State Repres	entative	
paper to c	ts on plain complete this ecessary.)		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.)				
COMMIT		Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris State Represent	ative	
paper to c	ts on plain complete this ecessary.)		B. Opposed			
		2. 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.)				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
14	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Richard Hayes State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cole Hefner State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Hernandez State Re	epresentative	
	(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.)				_
		Assisted (Identify by name or, if				

FORM GPAC ADDENDUM

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COMMITTEE NAME					
				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Howard State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representa	tive	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carrie Isaac State Representat	ive	
(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.)				

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						rage 19 01 02
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representative		
	(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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Lambert State Representa	tive	
	(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.)				

					Page 20 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Brooks Landgraf State Repres	entative	
paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JM Lozano State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Martinez State Repre	esentative	
(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.)				

					Page 21 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
ACTIVITY (Id	Candidates dentify by name or, if oplicable, classify by party.)		Morgan Meyer State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Delloc	Measures rescribe by date and cation of election and atture of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted dentify by name or, if plicable, classify by party.)				
ACTIVITY	. Candidates lentify by name or, if pplicable, classify by party.)		Terry Meza State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Delloc	Measures rescribe by date and cation of election and ture of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted Jentify by name or, if opplicable, classify by party.)				
ACTIVITY (Id	Candidates dentify by name or, if oplicable, classify by party.)		Penny Morales Shaw State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Delloc	. Measures rescribe by date and cation of election and ature of issue.)	A. Supported			
		B. Opposed			
(Id	Officeholders Assisted dentify by name or, if oplicable, classify by party.)				

						Page 22 of 62
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		Christina Mor	ales State Repres	entative	
report if necessary.)	Measures (Describe by date and	A. Supported				
	location of election and nature of issue.)	B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Candy Noble	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverso	n State Represen	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.)					

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angelia Orr State	Representative	e	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jared Patterson S	State Represen	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.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State	Representativ	/e	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		<u> </u>				

FORM GPAC ADDENDUM

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12	OOMANITTEE MANAE					
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ana-Maria Ramos State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Richard Raymond State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		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.)				

						Page 25 of 62
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Toni Rose Sta	te Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jon Rosenthal	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen	State Representa	itive	
(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.)					
		ı				

					Page 26 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
ACTIVITY (Iden	Candidates tify by name or, if cable, classify by party.)	A. Supported	Shelby Slawson State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locati	Measures cribe by date and ion of election and e of issue.)	A. Supported			
		B. Opposed			
/ (Iden	Officeholders Assisted tify by name or, if cable, classify by party.)				
ACTIVITY (Iden	Candidates tify by name or, if cable, classify by party.)	A. Supported	Valoree Swanson State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locati	cribe by date and ion of election and e of issue.)	A. Supported			
		B. Opposed			
(Iden	Officeholders Assisted tify by name or, if cable, classify by party.)				
ACTIVITY	Candidates tify by name or, if cable, classify by party.)	A. Supported	James Talarico State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Desc locati	Measures cribe by date and ion of election and e of issue.)	A. Supported			
		B. Opposed			
(Iden	Officeholders Assisted tify by name or, if cable, classify by party.)				

FORM GPAC ADDENDUM

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						Fage 27 01 02
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC				00087031	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carl Tepper State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tony Tinderholt State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Steve Toth State Representative	е	
	(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			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

						Page 28 01 62
	COMMITTEE NAME MOAK CASEY PAC				13 Filer ID 00087031	(Ethics Commission Filers)
	WOAR CASET FAC				00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair State Representa	ative	
ļ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
_	COMMITTEE	1. Candidates	A Supported	Chris Turner State Depresentati		
	ACTIVITY		A. Supported	Chris Turner State Representati	ve	
		(Identify by name or, if applicable, classify by party.)				
ļ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represe	ntative	
ļ	(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.)	, u - Suppose			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		applicable, classify by party.)				

					Page 29 of 62
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	L
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	1. Candidates (Identify by name or, if applicable, classify by party.)		Cody Vasut State Re	presentative	
report if necessary.)	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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Armando Walle State	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State R	epresentative	
(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.)				

						Page 30 of 62
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)		Erin Zwiener	State Representa	ative	
paper to complete this report if necessary.)						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Glenn Hegar	Comptroller		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Abbott	Governor		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
_	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

COMMITTEE NAME MOAK CASEY PAC COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Dan Patrick Lieutenant Governor	PURPOSE						ADDENDOW
MOAK CASEY PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed						1	Page 31 of 62
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Dan Patrick Lieutenant Governor B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed	2 COMMITTEE NAME						(Ethics Commission Filers)
ACTIVITY ((Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed		_					
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	4 COMMITTEE ACTIVITY			Dan Patrick	Lieutenant Governo	or	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
B. Opposed 3. Officeholders Assisted			A. Supported				
Assisted			B. Opposed				
(generally by name or, if applicable, classify by party.)		Assisted					
		(Identify by name or, if applicable, classify by party)	J				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				32 of 62		
	17 COMMITTEE NAME 18 Filer ID MOAK CASEY PAC 00087031					
	E SUBTOTALS SCHEDULE		SUBTOTAL A	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	71,500.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	79,500.00		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	JLE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 33/62	
2	FILER NAME	ILER NAME MOAK CASEY PAC			Filer ID (Ethics Commiss 00087031	sion Filers)
4	Date 11/13/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$15,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#: MoakCasey, LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#: MoakCasey, LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$16,000.00
	Principal occu	Austin, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions	·/		
	- Timoipai occo	pation 7 oob title (occ motivations)	Employer (See mondono	·/		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 1/29 Rpt: 34/62	MOAK CASEY PAC 00087031
•	WOAR CASET FAC 00007031
4 Date	5 Payee name
12/02/2024	Abbott, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 308
Expenditure from	Austin, TX 78767
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/01	•
Date	Payee name
12/02/2024	Ashby, Trent
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 412
\$1,000.00	FO BOX 412
Expenditure from	
corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/04/2024	Barry, Jeff
	-
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 21
Expenditure from	
corporate funds	Pearland, TX 77588
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ement Solicitation/Fundraising Expense
lense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By 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: 2/29 Rpt: 35/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
11/12/2024	Bell, Cecil
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO BOX 819
Expenditure from corporate funds	Magnolia, TX 77353
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
12/02/2024	Bell, Keith
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Davisa nama
12/04/2024	Payee name
	Bernal, Diego
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 15677
- Evnanditura from	
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

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: 3/29 Rpt: 36/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Bettencourt, Paul
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
— Forest dit us from	
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/OI	'
Date	Payee name
12/02/2024	Bhojani, Salman
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1001 W. Euless Blvd. Suite 207
Expenditure from corporate funds	Euless, TX 75040
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/04/2024	Birdwell, Brian
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	900 Austin Ave. Suite 500
42,000.00	oco / lacalit / Well Calife Coo
Expenditure from corporate funds	Waco, TX 76701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made Ry - Gift

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

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: 4/29 Rpt: 37/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
11/12/2024	Blanco, Cesar
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 929
- "	
Expenditure from corporate funds	El Paso, TX 79946
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Power name
	Payee name
12/04/2024	Bonnen, Greg
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 41964
— Forest diture from	
Expenditure from corporate funds	Houston, TX 77241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioratione to benefit C/OI	'
Date	Payee name
12/04/2024	Buckley, Brad
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/29 Rpt: 38/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/10/2024	Bucy III, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 536
Expenditure from	
corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
12/02/2024	Burrows, Dustin
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2569
Expenditure from	
corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/04/2024	Campbell, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	229 Hunters Village Suite 105
- "	
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Sampaigh Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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:	,
Sch: 6/29 Rpt: 39/62	MOAK CASEY PAC 00087031
•	
4 Date	5 Payee name
12/04/2024	Canales, Terry
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	602 W. University Dr. Suite B
Expenditure from	Edinburg TV 70E20
corporate funds	Edinburg, TX 78539
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorale to benefit C/OI	
Date	Payee name
12/02/2024	Capriglione, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	PO BOX 92007
Expenditure from	
corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payeo namo
12/04/2024	Payee name Collier, Nicole
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	101 S. Jennings Suite 103A
— Forest dit us form	
Expenditure from corporate funds	Fort Worth, TX 76104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Continuodions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/29 Rpt: 40/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/09/2024	Cook, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	309 E Broad St.
- "	
Expenditure from corporate funds	Mansfield, TX 76063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
12/04/2024	Cook, Molly
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
12/02/2024	Darby, Drew
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 3284
- "	
Expenditure from corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCITALITIE TO DETICITE C/OI	•

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 8/29 Rpt: 41/62	MOAK CASEY PAC 00087031	
4 Date	5 Payee name	
12/02/2024	DeAyala, Mano	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	12335 Kingsride Lane #416	
Expenditure from corporate funds	Houston, TX 77024	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	-t	
Date	Payee name	=
12/04/2024	Dean, Jay	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	3822 Holly Ridge	
φ500.00	Sozz Holly Ridge	
Expenditure from		
corporate funds	Longview, TX 75605	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
-	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Commission ONLY if dispose	Constitute (Office helder manner	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		_
Date	Payee name	
12/04/2024	Dutton, Harold	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	3801 Kirby Drive Suite 411	
Expenditure from corporate funds	Houston, TX 77098	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
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
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

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/29 Rpt: 42/62	MOAK CASEY PAC 00087031	
4 Date	5 Payee name	
11/19/2024	Gamez, Erin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	777 E Harrison St	
Expenditure from corporate funds	Brownsville, TX 78520	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	=
12/02/2024	Garcia, Josey	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	Box 760578	
Expenditure from	Can Antonia TV 70245	
corporate funds	San Antonio, TX 78245	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Sampaign Continuation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
12/04/2024	Geren, Charlie	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1440	
Expenditure from corporate funds	Fort Worth, TX 76101	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	,
	MOAK CASEY PAC 00087031
Sch: 10/29 Rpt: 43/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Gervin-Hawkins, Barbara
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 39602
Expenditure from	Can Antonia TV 70210
corporate funds	San Antonio, TX 78218
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefft C/O	
Date	Payee name
12/04/2024	Guillen, Ryan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 1024
\$1,000.00	PO BOX 1024
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/02/2024	Hancock, Kelly
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 821349
- Evnanditura from	
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
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

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: 11/29 Rpt: 44/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/12/2024	Harris, Caroline
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 700
- "	
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
2	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	Harris, Cody
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1007 N Mallard St
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/04/2024	Hayes, Richard
Amount (\$)	· · ·
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 2818
φ500.00	FO BOX 2010
Expenditure from	
corporate funds	Denton, TX 76202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Computate CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/29 Rpt: 45/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Hefner, Cole
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
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	Hegar, Glenn
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 1008
Expenditure from corporate funds	Katy, TX 77492
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/29/2024	Hernandez, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1289
φ300.00	FO BOX 1209
Expenditure from	
corporate funds	Addison, TX 75001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 13/29 Rpt: 46/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/02/2024	Hinojosa, Adam
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	Hinojosa, Chuy
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1508 S. Lone Star Way Ste. 5B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	Howard, Donna
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5375
4000.00	
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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	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: 14/29 Rpt: 47/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
10/29/2024	Hunter, Todd
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	445 Cape Henry Drive
Expenditure from corporate funds	Corpus Christi, TX 78412
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to beliefft C/OI	<u> </u>
Date	Payee name
12/04/2024	Isaac, Carrie
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	100 Commons Road #7-125
_	
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, office helder living expenses.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2024	Johnson, Ann
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 56386
Expenditure from	
corporate funds	Houston, TX 77256
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	•

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/29 Rpt: 48/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
11/12/2024	Johnson, Nathan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/03/2024	King, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 517
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
12/02/2024	Kolkhorst, Lois
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2546
. ,	
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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:	
Sch: 16/29 Rpt: 49/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/02/2024	Lambert, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 3752
Expenditure from	
corporate funds	Abilene, TX 79604
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to benefit C/Oi	
Date	Payee name
12/02/2024	Landgraf, Brooks
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 13146
Expenditure from	
corporate funds	Odessa, TX 79768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/02/2024	Lozano, JM
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	727 Arroyo Dr
Expenditure from	
corporate funds	Kingsville, TX 78363
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
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
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 17/29 Rpt: 50/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Martinez, Armando
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 1651
Expenditure from corporate funds	Weslaco, TX 78599
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
12/02/2024	Menendez, Jose
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 100833
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
12/04/2024	Meyer, Morgan
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3838 Oak Lawn Avenue Suite 400
Expenditure from corporate funds	Dallas, TX 75219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 18/29 Rpt: 51/62	2 FILER NAME3 Filer ID(Ethics Commission Filers)MOAK CASEY PAC00087031
4 Date	5 Payee name
12/12/2024	Meza, Terry
12/12/2024	-
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	613 N. O'Connor Rd. Suite # 21B
Expenditure from	In time. TV 75001
corporate funds	Irving, TX 75061
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	Middleton, Mayes
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$1,000.00	PO Box 1526
Expenditure from corporate funds	Galveston, TX 77553
	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Carlandato/ Ciniconolido// Cinicon
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Davies same
	Payee name
11/14/2024	Miles, Borris
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5302 Almeda Rd.
, , , , , , , , , , , , , , , , , , , ,	
Expenditure from	
corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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: 19/29 Rpt: 52/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/03/2024	Morales, Christina
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6815 Rustic St
Expenditure from corporate funds	Houston, TX 77087
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/10/2024	Morales Shaw, Penny
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	10900 Northwest Freeway Suite 210 D
Expenditure from corporate funds	Houston, TX 77092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
12/02/2024	Nichols, Robert
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2347
Expenditure from corporate funds	Jacksonville, TX 75766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
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 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<u> </u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 20/29 Rpt: 53/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Noble, Candy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1105 E Main Street #223
Expenditure from corporate funds	Allen, TX 75002
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nama
Date	Payee name
12/04/2024	Oliverson, Tom
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1 Greenway Plaza #225
Evpanditura from	
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiantific to benefit 6/01	<u>'</u>
Date	Payee name
12/04/2024	Orr, Angelia
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 113
Expenditure from corporate funds	Itasca, TX 76055
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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: 21/29 Rpt: 54/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/02/2024	Parker, Tan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 271741
— Forest dit us from	
Expenditure from corporate funds	Flower Mound, TX 75027-1741
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2024	Patrick, Dan
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 685085
Ψ2,500.00	1 O BOX 003003
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	Patterson, Jared
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5419.
Expenditure from corporate funds	Frisco, TX 75035
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONE VIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	d 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: 22/29 Rpt: 55/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Paul, Dennis
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	626 1/2 Barringer Ln Suite E
Expenditure from corporate funds	Webster, TX 77598
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorative to benefit C/O	<u> </u>
Date	Payee name
12/04/2024	Perry, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/10/2024	Ramos, Ana-Maria
Amount (\$)	
\$500.00	Payee address; City; State; Zip Code PO Box 852227
\$500.00	PO BOX 852221
Expenditure from	
corporate funds	Richardson, TX 75085
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Operation Children	Our highest (Office health an arrange of the seconds)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

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: 23/29 Rpt: 56/62	MOAK CASEY PAC 00087031
4 Date	5 Payee name
12/04/2024	Raymond, Richard
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 450349
— Forest diture from	
Expenditure from corporate funds	Laredo, TX 78045
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
12/04/2024	Romero, Ramon
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1500 N. Main St. Suite 212
Expenditure from corporate funds	Fort Worth, TX 76164
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies name
11/12/2024	Payee name Rose, Toni
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 41867
Expenditure from	
corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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:	,
Sch: 24/29 Rpt: 57/62	MOAK CASEY PAC 00087031
	WOAR CASET FAC 00007031
4 Date	5 Payee name
12/03/2024	Rosenthal, Jon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	8440 Greenhouse Rd. Suite #A104
Expenditure from	Cypress, TX 77433
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
O Compulate ONLY if diseast	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	Shaheen, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 160
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Duana, TV 75070
corporate funds	Prosper, TX 75078
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
12/04/2024	Slawson, Shelby
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 286
Ψ300.00	
Expenditure from	Charles wills TV 70404
corporate funds	Stephenville, TX 76401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit 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/Officeholder/Politica Credit Card Payment	Il Committee	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 EII ED NAMI	<u></u>				2	Filer ID	(Ethics Commission	n Filers)
_	Sch: 25/29 Rpt: 58/62	MOAK CAS						00087031	(Ethics Commission	on riicis)
4	Date	5 Payee name	ι				_			
	12/04/2024	Sparks, Ke								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de					
	\$1,000.00	2600 Mock	ingbird Ln.							
	Expenditure from corporate funds	Midland, T	X 79705							
8	PURPOSE	(a) Category (S	see Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By			=			nplete Schedule T.	
		Candidate/	Officeholder/Political C	ommittee		_		, officeholder living	g expense	
						Campaign Co	אוונ	ributiori		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office h	eld	
	Date	Payee name								
	12/09/2024	Swanson, \	/aloree							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$500.00	6012 G Ro								
	4000.00		01.1000							
	Expenditure from corporate funds	Spring, TX	77389							
	PURPOSE	(a) Category (S	ee Categories listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By			=			nplete Schedule T.	
		Candidate/	Officeholder/Political C	ommittee		—		, officeholder living	g expense	
						Campaign Co	ont	ribution		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office h	eld	
	Date	Payee name	!							
	12/04/2024	Talarico, Ja								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	nde					
	\$500.00	P. O. Box 1	•	otato, zip oc	uc					
	φ300.00	F. O. Box 1	.5201							
_	Expenditure from									
	corporate funds	Austin, TX	78761							
	PURPOSE	(a) Category (S	see Categories listed at the top of t	his schedule)	(b)	Description		-		
	OF EXPENDITURE		ns/Donations Made By			Check if travel	outs	ide of Texas. Con	nplete Schedule T.	
	LAFENDITORE	Candidate/	Officeholder/Political C	ommittee		—		, officeholder living	g expense	
						Campaign Co	ont	ribution		
	Complete ONLY if direct		iceholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 26/29 Rpt: 59/62	MOAK CASEY PAC 00087031
·	l.
4 Date	5 Payee name
12/04/2024	Tepper, Carl
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 94534
Expenditure from corporate funds	Lubbock, TX 79493
·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTICAL O/OI	
Date	Payee name
12/02/2024	Tinderholt, Tony
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 172713
φοσοίοσ	1 0 50/(1/2/13)
Expenditure from	
corporate funds	Arlington, TX 76003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/03/2024	Toth, Steve
Amount (\$)	Payee address; City; State; Zip Code
` '	67 Chestnut Meadow Dr #100
\$500.00	07 Chesulul Meadow Di #100
Expenditure from	
corporate funds	Conroe, TX 77384
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
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) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	<u> </u>						
Sch: 27/29 Rpt: 60/62	MOAK CASEY PAC 00087031						
4 Date	5 Payee name						
12/12/2024	Troxclair, Ellen						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00	624 N Main St. Suite 102						
Expenditure from corporate funds	Boerne, TX 78006						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee Campaign Contribution						
	- Campaign Continuation						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	David and the second se						
12/03/2024	Payee name Turner, Chris						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	PO Box 182093						
Expenditure from corporate funds	Arlington, TX 76096						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee Campaign Contribution						
	Campaign Contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/Ol							
Data							
Date 12/02/2024	Payee name						
	VanDeaver, Gary						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	PO Box 866						
Expenditure from corporate funds	New Boston, TX 75570						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
EXPENDITORE	Candidate/Officeholder/Political Committee						
	Campaign Contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experientare to benefit 0/01	•						

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

Candidate/Officeholder/Politica Credit Card Payment		es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/29 Rpt: 61/62	MOAK CASEY PAC	00087031
4 Date	5 Payee name	
12/04/2024	Vasut, Cody	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 2724	
, , , , , , , , , , , , , , , , , , , ,		
Expenditure from corporate funds	Angleton, TX 77516	
8 PURPOSE	, , , , , , , , , , , , , , , , , , , ,	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Campaign Contribution
		Campaign Commons.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	t Office held
Date	Payee name	
12/04/2024	Walle, Armando	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	4101 Washington Avenue	
Expenditure from corporate funds	Houston, TX 77007	
PURPOSE	1 ' 1) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Contribution
		Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	t Office held
Doto	Paris areas	
Date 12/04/2024	Payee name West, Royce	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	5787 S. Hampton Rd. Suite 385	
Expenditure from corporate funds	Dallas, TX 75232	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete CNI V if direct	Candidate/Officeholder name Office sough	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·	Cilice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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)	
Sch: 29/29 Rpt: 62/62	MOAK CASEY PAC 00087031	
4 Date	5 Payee name	
12/04/2024	Wilson, Terry	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	PO Box 2302	
Expenditure from corporate funds	Georgetown, TX 78627	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign Continuution	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
12/04/2024	Zwiener, Erin	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 184	
Expenditure from corporate funds	Driftwood, TX 78619	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign Continuution	
Operation ONE Wife discont	On didn't 10ff asked day game.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	