GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission File 00082943	rs)	2 Total pages filed: 14	
3 COMMITTEE NAME				OFFICE USE ON	LY		
	Pflugerville Residents for Responsible Taxation				Date Received		
						ELECTRONICALLY FILI	ED
						01/14/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY;	STATE;	ZIP CODE		
	ADDRESS	P0 Box 2493				Date Hand-delivered or Date Postma	arkod
						Date Hand-delivered of Date Postma	arkeu
	Change of Address	Pflugerville, TX 78691				Receipt # Amount	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Ms. Starlet					
		NICKNAME LAST				SUFFIX	
		Sattler					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUIT	TE #; CITY;	STATE; Z	IP CODE
	TREASURER STREET	1207 Fenway Pk					
	ADDRESS						
	(Residence or Business)	Pflugerville, TX 78660					
7	CAMPAIGN	STREET OR PO BOX;		APT / SU	ITE #; CITY;	STATE; Z	IP CODE
	TREASURER MAILING	PO Box 2493					
	ADDRESS						
	Change of Address	Pflugerville, TX 78691					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXT	ENSION			
	TREASURER PHONE	(512) 658-0764					
	FHONE						
9	REPORT	X January 15 30	30th da	ay before election		Dissolution (Attach PAC-DR)	
	TYPE		Sth day	v before election		10th day after campaign treas	surer
		July 15	-			termination	
			Runoff				
10	PERIOD	Month Day Year		I	Month Day	Year	
	COVERED	10/27/2024 TI	HRO	UGH	12/31/2024	ļ	
11	ELECTION	ELECTION DATE			CTION TYPE		
		Month Day Year	Prima	ry 🔄 F	Runoff	Other	
			Gene	al 🗌 S	Special		
	GO TO PAGE 2						
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)	
Pflugerville Residents for	Pflugerville Residents for Responsible Taxation 000			2943	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	-		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:PROP A Election D ESD2 PROP A B. Opposed	ate:2024-1	1-05 Desc:TRAVIS COUNTY	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	5 0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5 70.95	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	5 0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	23,708.43	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY	3 13,839.49	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	F THE \$	3 0.00	
16 AFFIDAVIT					
	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
		Ms. St	arlet Sattle	9r	
		Signature of C			
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the	day	
		which, witness my hand and seal of office.	· · ·		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title o	of officer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2	

FORM GPAC COVER SHEET PG 3

3 of	14
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17 COMMITTEE NAME 18 Filer ID Pflugerville Residents for Responsible Taxation 00082943			(Ethics Commission Filers)		
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT				
1.	\$				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 70.95		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION)R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 23,708.43		
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 I TO FILER	RETURNED	\$		

SUBTOTALS - GPAC

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/14	
2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Pflugerville	Residents for Responsible Taxation			00082943
4	⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5	Date 6 Full name of contributor out-of-state PAC (ID#:) 10/29/2024 ROGERS, DAVID 7 Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660		8	Amount of 9 In-kind contribution contribution (\$) SUBWAY LUNCH	
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JL	JDICIAL) (See instructions)
	ATTORNEY	(Law Office of David	d R	ogers
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food//Beverage Expense Polling Expense - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/10 Rpt: 5/14	Pflugerville Residents for Responsible Taxation	00082943		
4 Date	5 Payee name			
11/12/2024	ARO GROUP			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,500.00	706 BLUE HILLS DRIVE			
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Consulting Expense	utside of Texas. Complete Schedule T.		
		TX, officeholder living expense		
	CONSULTING	2		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
11/12/2024	CHILI'S			
Amount (\$)	Payee address; City; State; Zip Code			
\$134.05				
\$10 4.00				
Expenditure from corporate funds	PFLUGERVILLE, TX 78660			
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
11/05/2024	Community Impact			
Amount (\$)	Payee address; City; State; Zip Code			
\$97.43	16225 Impact Way #1			
Expenditure from corporate funds	PFLUGERVILLE, TX 78660			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description	utside of Texas. Complete Schedule T.		
EXPENDITURE		TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expe Fees Food/Bever Gift/Awards Committee Legal Servi	nse Lo Of rage Expense Po /Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 6/14		ts for Responsible Ta	kation	00082943
4 Date	5 Payee name			
11/05/2024	Community Impact			
6 Amount (\$)	7 Payee address; C	ity; State; Z	ip Code	
\$199.18	16225 Impact Way	#1		
Expenditure from corporate funds	PFLUGERVILLE, T	X 78660		
8 PURPOSE	(a) Category (See Categorie	es listed at the top of this schedule	e) (b) Description	
OF EXPENDITURE	Advertising Expense	9		outside of Texas. Complete Schedule T.
				, TX, officeholder living expense
			FLYERS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name Offic	e sought	Office held
Date	Payee name			
11/19/2024	Community Impact			
Amount (\$)	Payee address; C	ity; State; Z	in Code	
\$750.00	\$750.00 16225 Impact Way #1			
Expenditure from corporate funds	PFLUGERVILLE, T	X 78660		
PURPOSE OF EXPENDITURE	(a) Category _{(See Categorie} Advertising Expense			outside of Texas. Complete Schedule T.
				, TX, officeholder living expense ER
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name Offic	e sought	Office held
Date	Payee name			
11/26/2024	Community Impact			
Amount (\$)	Payee address; C	ity; State; Z	in Code	
\$194.86	16225 Impact Way	•		
Expenditure from corporate funds	PFLUGERVILLE, T	X 78660		
PURPOSE	(a) Category (See Categorie	es listed at the top of this schedule	e) (b) Description	
OF EXPENDITURE	Advertising Expense	e		outside of Texas. Complete Schedule T.
				, TX, officeholder living expense
			PUSHCARD	5
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name Offic	e sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food//Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/10 Rpt: 7/14	Pflugerville Residents for Responsible Taxation 00082943			
4 Date	5 Payee name			
12/02/2024	GEACCONE, AMY			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$120.00	18009 W. REED PARK			
Expenditure from corporate funds	JONESTOWN, TX 78654			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Advertising Expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/12/2024	GOODEN, LAURA			
Amount (\$)	Payee address; City; State; Zip Code			
\$930.00	\$930.00 13617 BAUHAUS ROAD			
Expenditure from corporate funds	PFLUGERVILLE, TX 78660			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LABOR 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/31/2024	GOOGLE ADWORDS			
Amount (\$)	Payee address; City; State; Zip Code			
\$200.00	1600 AMPHITHEATRE PKWY			
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VIDEO ADS 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex 7 - Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total	The Instruction Guide explains how to co		5'' ID (Ethics Commission Filoro)	
1 Total pages Schedule F1: Sch: 4/10 Rpt: 8/14	2 FILER NAME Pflugerville Residents for Responsible Taxatio		Filer ID (Ethics Commission Filers) 00082943	
4 Date 12/05/2024	5 Payee name GOOGLE ADWORDS	i		
6 Amount (\$) \$171.45				
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/21/2024	IN TEXAS HOMETOWN			
Amount (\$) \$5,910.00	Payee address; City; State; Zip Co 821 LIBERTY MEADOWS DR	de		
Expenditure from corporate funds	LIBERTY HILL, TX 78642			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou H	lght	Office held	
Date	Payee name			
11/22/2024	IN TEXAS HOMETOWN			
Amount (\$) \$4,108.00	Payee address; City; State; Zip Co 821 LIBERTY MEADOWS DR	de		
Expenditure from corporate funds	LIBERTY HILL, TX 78642			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou H	ight	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaymer Fees Office Overheac Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense Travel in District ravel Out of District /Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 5/10 Rpt: 9/14	Pflugerville Residents for Responsible Taxation	00082943		
4 Date	5 Payee name	•		
11/04/2024	KAPLAN STRATEGIES			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$260.00	2602 LOUNSBURY CT			
Expenditure from corporate funds	KISSIMMEE, FL 34746			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TEXTING		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
10/28/2024	META			
Amount (\$)	Payee address; City; State; Zip Code			
\$39.00	1 META WAY			
Expenditure from corporate funds	MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
10/29/2024	META			
Amount (\$)	Payee address; City; State; Zip Code			
\$480.00	1 META WAY			
Expenditure from corporate funds	MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reinbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 6/10 Rpt: 10/14	Pflugerville Residents for Responsible Taxatic	on 00082943		
4 Date	5 Payee name			
10/29/2024	МЕТА			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$400.00	1 META WAY			
Expenditure from corporate funds	MENLO PARK, CA 94025			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		FACEBOOK ADS		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held		
Date	Payee name			
10/30/2024	МЕТА			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$154.01	1 META WAY			
Expenditure from corporate funds	MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held		
Date	Payee name			
10/31/2024	META			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$101.00	1 META WAY			
Expenditure from corporate funds	MENLO PARK, CA 94025			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 7/10 Rpt: 11/14	Pflugerville Residents for Responsible Taxation	00082943				
4 Date	5 Payee name					
11/01/2024	META					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$393.96	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ption k if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		k if Austin, TX, officeholder living expense				
	INSTA	GRAM ADS				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
11/04/2024	META					
Amount (\$)	Payee address; City; State; Zip Code					
\$593.99	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense IGRAM ADS				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held						
Date	Payee name					
11/05/2024	META					
Amount (\$)	Payee address; City; State; Zip Code					
\$376.78	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
PURPOSE OF EXPENDITURE		btion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense GRAM ADS				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 8/10 Rpt: 12/14	Pflugerville Residents for Responsible Taxation 00082943					
4 Date	5 Payee name					
11/12/2024	META					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$125.58	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/15/2024	META					
Amount (\$)	Payee address; City; State; Zip Code					
\$3.83	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS 					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held						
Date	Payee name					
12/02/2024	META					
Amount (\$)	Payee address; City; State; Zip Code					
\$2.24	1 META WAY					
Expenditure from corporate funds	MENLO PARK, CA 94025					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INSTAGRAM ADS 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FO	R BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 9/10 Rpt: 13/14	Pflugerville Residents for Responsible Taxatio		00082943			
4 Date	5 Payee name					
11/08/2024	PAKER, JULIA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,715.00	903 Oakdale Circle					
Expenditure from corporate funds	PFLGUERVILLE, TX 78660					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ıght	Office held			
Date	Payee name					
11/05/2024	ROBOCENT					
Amount (\$)	Payee address; City; State; Zip Ci	de .				
\$60.00	2129 GENERAL BOOTH BLVD					
Expenditure from corporate funds	VIRGINIA BEACH, VA 23454					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held						
Date	Payee name					
11/08/2024	SMITH, SHARON					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$90.00	PO BOX 3724					
Expenditure from corporate funds	PFLUGERVILLE, TX 78691					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		le of Texas. Complete Schedule T. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held			

		EXPENDITURE CATEG		BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Eve Fee Foo - Gift I Committee Leg	ent Expense	Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	è
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission File	ers)
Sch: 10/10 Rpt: 14/14		sidents for Responsib	le Taxation		00082943	
4 Date	5 Payee name					
11/04/2024	THE HOME D	EPOT				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$154.13	1517 TOWN CENTER DR					
Expenditure from corporate funds	PFLUGERVILI	LE, TX 78660				
8 PURPOSE	(a) Category (See C	ategories listed at the top of this	schedule) (b) Description		
OF EXPENDITURE	Advertising Ex				outside of Texas. Complete Schedule T.	
					n, TX, officeholder living expense	
				T-POST		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh H	nolder name	Office soug	ht	Office held	
Date	Payee name					
12/09/2024	UPS STORE					
Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	٩		
\$196.44	900 E PECAN		αις, <i>Σ</i> ιρ σου	c		
Φ190.44	900 E PECAN	31 31E 300				
Expenditure from corporate funds	PFLUGERVILI	LE, TX 78660				
PURPOSE OF EXPENDITURE	(a) Category _{(See C} Advertising Ex	ategories listed at the top of this pense	schedule) (outside of Texas. Complete Schedule T. I, TX, officeholder living expense S	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officer H	nolder name	Office soug	ht	Office held	
Date	Payee name					
11/08/2024	YOUNG, LISA					
			ator 7 - 0	•		
Amount (\$)	Payee address;		ate; Zip Cod	e		
\$247.50	504 GREEN V	ALLEY CV				
Expenditure from corporate funds	PFLUGERVILI	LE, TX 78660				
PURPOSE	(a) Category (See C	ategories listed at the top of this	schedule) (b) Description		
OF EXPENDITURE	Advertising Ex		,	Check if travel	outside of Texas. Complete Schedule T.	
EAFENDITURE	-				, TX, officeholder living expense	
				LABOR		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh H	nolder name	Office soug	ht	Office held	