

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088720	2 Total pages filed: 5	
3 COMMITTEE NAME Contract With Texas			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 07/15/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1412 Pflugerville, TX 78660			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jonathan			
	NICKNAME LAST SUFFIX Schober			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 304 Red Tailed Hawk Pflugerville, TX 78660			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 304 Red Tailed Hawk Pflugerville, TX 78660			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 771-2969			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month Day Year			
	01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Contract With Texas		13 Filer ID (Ethics Commission Filers) 00088720
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 228.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 8.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,679.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 367.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

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.

Jonathan Schober

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 5

17 COMMITTEE NAME Contract With Texas		18 Filer ID (Ethics Commission Filers) 00088720
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 228.08
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8.99
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,670.04
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2 FILER NAME Contract With Texas		3 Filer ID (Ethics Commission Filers) 00088720
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOZZELL, ELIZABETH A <hr/> 6 Contributor address; City; State; Zip Code MILLSAP, TX 76066	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) INSURANCE		9 Employer (See Instructions) HIGGINBOTHAM
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE, ROBERT <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NARRATOR / PRODUCER		Employer (See Instructions) SELF EMPLOYED
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE, ROBERT <hr/> Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) NARRATOR / PRODUCER		Employer (See Instructions) SELF EMPLOYED
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARY, JUDAH <hr/> Contributor address; City; State; Zip Code JUSTIN, TX 76247	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) FAST FOOD		Employer (See Instructions) MCDONALD'S
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARY, JUDAH <hr/> Contributor address; City; State; Zip Code JUSTIN, TX 76247	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) FAST FOOD		Employer (See Instructions) MCDONALD'S

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 5/5	2 FILER NAME Contract With Texas	3 Filer ID (Ethics Commission Filers) 00088720
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 01/16/2025	6 Payee name CROSBY OTTENHOFF GROUP
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7 Amount (\$) \$666.00 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/15/2025	Payee name CROSBY OTTENHOFF GROUP
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Amount (\$) \$1,004.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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