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) 00086798 3 COMMITTEE NAME **OFFICE USE ONLY Texas Parents United** Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 667 Date Hand-delivered or Date Postmarked Leander, TX 78646 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kristen NAME NICKNAME LAST **SUFFIX** Machicek STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 28610 HWY 290 STE F09 STREET **ADDRESS** PO Box 375 (Residence or Business) Cypress, TX 77433 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 28610 HWY 290 STE F09 MAILING **ADDRESS** PO Box 375 Cypress, TX 77433 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 536-1920 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Parents United			00086798	3
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(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.)	уч. Зарропеа		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,090.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,133.48
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T 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.		
		Mrs Kriste	n Machicek	
		Signature of Ca		urer
AFFIX NOTARY	STAMP / SEAL ABOVE	-		
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 13		
17 COMMITT Texas Pa	(Ethics Commission Filers)				
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 150.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$		
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	\$ 1,090.74		
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 CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13	
2	FILER NAME Texas Paren	ts United			3	Filer ID (Ethics Commission 00086798	Filers)
4	Date 01/17/2025	Herrera, Michael	t-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	GM	,		CSSI	,		
	Date 02/20/2025	Full name of contributor ou Herrera, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Leander, TX 78641					
	Principal occu GM	pation / Job title (See Instructions)		Employer (See Instructions CSSI	i)		
	Date 03/19/2025	Full name of contributor ou Herrera, Michael Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$25.00
		Leander, TX 78641					
	Principal occu GM	pation / Job title (See Instructions)		Employer (See Instructions CSSI	5)		
	Date 04/17/2025	Full name of contributor ou ou Herrera, Michael Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 05/19/2025	Herrera, Michael	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu GM	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	forr	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/13
2	FILER NAME Texas Parer				3	Filer ID (Ethics Commission Filers) 00086798
4	Date 06/18/2025	5 Full name of contributor			7	Amount of Contribution (\$) \$25.00
8	Principal occu	Leander, TX 78641 upation / Job title (See Instructions)	9	Employer (See Instructions	s)	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/8 Rpt: 6/13	2 FILER NAME Texas Parents United 3 Filer ID (Ethics Commission Filers) 00086798
4 Date 01/17/2025	5 Payee name Anedot
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106
8 PURPOSE OF	Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 02/20/2025	Payee name Anedot
Amount (\$) \$1.30	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106
Expenditure from corporate funds	Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 03/19/2025	Payee name Anedot
Amount (\$) \$1.30 Expenditure from corporate funds	Payee address; City; State; Zip Code 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 7/13	Texas Parents United	00086798
4 Date	5 Payee name	
04/17/2025	Anedot	
6 Amount (\$) \$1.30 Expenditure from corporate funds 8 PURPOSE OF	7 Payee address; City; State; Zip Co 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
05/19/2025	Anedot	
Amount (\$) \$1.30 Expenditure from corporate funds	Payee address; City; State; Zip Co 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ught Office held
Date 06/18/2025	Payee name Anedot	
Amount (\$) \$1.30 Expenditure from corporate funds	Payee address; City; State; Zip Co 5555 Hilton Ave Suite 106 Baton Rouge, LA 70808	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot service fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 8/13	Texas Parents United 00086798
4 Date	5 Payee name
02/20/2025	C3 Management
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$189.00	1616 S Voss Rd
Expenditure from corporate funds	Houston, TX 77057
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bookkeeping and accounting services.
O Committee ONII Wife discret	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
04/08/2025	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	801 S Highway 183
Expenditure from corporate funds	Leander, TX 78641
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Taxes paid to the IRS.
	Taxes paid to the inc.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/13/2025	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$91.00	801 S Highway 183
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Leander, TX 78641
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
-	Check if Austin, TX, officeholder living expense PO Box Rental
	FO DOA NEIILAI
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 Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

imbursement
stal Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 4/8 Rpt: 9/13	Texas Parents United 0008679	8
4 Date	5 Payee name	
03/31/2025	United States Postal Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.68	801 S Highway 183	
Expenditure from corporate funds	Leander, TX 78641	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Postage Check if travel outside of Texas. C	complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder li	
	Postage for mailing IRS p	aperwork.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office OH	neid
·		
Date	Payee name	
01/08/2025	Vonage	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.24	3703 Telephone Road	
Funanditura from		
Expenditure from corporate funds	Houston, TX 77023	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder li Phone service	ving expense
	Filotie Service	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/O		Tiola
Date	Payer name	
01/06/2025	Payee name Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.97	500 Tery A Francois Blvd Fl 6	
Expenditure from		
corporate funds	San Francisco, CA 94158	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. C	
	Check if Austin, TX, officeholder li Website	ving expense
	11333.6	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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: 5/8 Rpt: 10/13	Texas Parents United 00086798
4 Date	5 Payee name
01/08/2025	Wix
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.14	500 Tery A Francois Blvd Fl 6
Expenditure from corporate funds	San Francisco, CA 94158
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.
	Check if Austin, TX, officeholder living expense Website
	Website
O Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
02/03/2025	Wix
Amount (\$)	Payee address; City; State; Zip Code
\$38.97	500 Tery A Francois Blvd Fl 6
Expenditure from corporate funds	San Francisco, CA 94158
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	U
Date	Payee name
02/10/2025	Wix
Amount (\$)	Payee address; City; State; Zip Code
\$70.14	500 Tery A Francois Blvd Fl 6
Expenditure from corporate funds	San Francisco, CA 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card F dyment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 11/13	Texas Parents United		00086798
4 Date	5 Payee name		
03/03/2025	Wix		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$38.97	500 Tery A Francois Blvd Fl 6	э,р ээлэ	

Expenditure from corporate funds	San Francisco, CA 94158		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so		
EXPENDITURE	Advertising Expense		avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		Website	usum, 17, uniceriolaer living expense
		, vessile	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Office sought	Office Held
5 .			
Date	Payee name		
03/10/2025	Wix		
Amount (\$)		e; Zip Code	
\$85.73	500 Tery A Francois Blvd Fl 6		
Expenditure from			
corporate funds	San Francisco, CA 94158		
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	1
OF EXPENDITURE	Advertising Expense		avel outside of Texas. Complete Schedule T.
LAFENDITORE		<u>-</u>	austin, TX, officeholder living expense
		Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
experientare to benefit ever			
Date	Payee name		
04/02/2025	Wix		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$38.97	500 Tery A Francois Blvd Fl 6		
Expenditure from corporate funds	San Francisco, CA 94158		
PURPOSE		(h) Description	
OF	(a) Category (See Categories listed at the top of this so Advertising Expense		ravel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		ustin, TX, officeholder living expense
		Website	
Complete ONLY if direct		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 Committ 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

g Expense Travel In g Expense Travel O es/Wages/Contract Labor OTHER

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

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.	d above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Comm	nission Filers)
Sch: 7/8 Rpt: 12/13	Texas Parents United 00086798	
4 Date	5 Payee name	
04/07/2025	Wix	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$85.73	500 Tery A Francois Blvd Fl 6	
Expenditure from corporate funds	San Francisco, CA 94158	
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	
	Website	
	vebsite	
9 Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
·		
Date	Payee name	
05/01/2025	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.97	500 Tery A Francois Blvd Fl 6	
Expenditure from corporate funds	San Francisco, CA 94158	
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.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Website	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	JH	
Date	Payee name	
05/08/2025	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$85.73		
Ψ03.73	300 Tely / Challed Blvd TTO	
Expenditure from		
corporate funds	San Francisco, CA 94158	
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 Website	
	vvcbolic	
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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/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: 8/8 Rpt: 13/13	Texas Parents United 00086798
4 Date	5 Payee name
06/02/2025	Wix
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$38.97	500 Tery A Francois Blvd Fl 6
Expenditure from corporate funds	San Francisco, CA 94158
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 Website
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/09/2025	Wix
Amount (\$)	Payee address; City; State; Zip Code
\$85.73	500 Tery A Francois Blvd Fl 6
Expenditure from corporate funds	San Francisco, CA 94158
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held