#### 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** 07/10/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1001 Congress Ave Date Hand-delivered or Date Postmarked Ste 250 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 **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 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)
MOAK CASEY PAC			000870	031
ACTIVITY (Ident	Candidates tify by name or, if cable, classify by party.)	A. Supported Cesar Blanco State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(Desc	Measures bribe by date and location ction and nature of issue.)	A. Supported		
		B. Opposed		
A (Ident	Officeholders Assisted tify by name or, if cable, classify by party.)			
TOTALS	PLEDGES, LOANS, C CONTRIBUTIONS MA	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	60,000.00
EXPENDITURE 3. T	FOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4. 1	TOTAL POLITICAI	L EXPENDITURES	\$	56,750.00
	TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	41,315.97
		MOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING 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	i.
		Signature of Ca	mpaign Tre	easurer
AFFIX NOTARY STAN	MP / SEAL ABOVE			
		, ti	his the	day
of, 20_	, to certify w	hich, witness my hand and seal of office.		
Signature of officer administ	tering oath	Printed name of officer administering oath	Title of	officer administering oath

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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.)		Pete Flores St	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.)		Bryan Hughes	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.)		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			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Phil King 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.)		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.)				
	(Identify by name or, if				

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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.)		Angela Paxton	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.)	A. Supported	Judith Zaffirini	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.)		Daniel Alders	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				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME					1	
					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Barry	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Keith Bell	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.)		Rhetta Bo	wers State Represe	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.)					

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12	COMMITTEE NAME	<del></del>			_		13 Filer ID	(Ethics Commission Filers)
	MOAK CASEY PAC						00087031	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supp	orted	John Bryant St	ate Representativ	/e	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted				
			В. Оррс	sed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Brad Buckley S	State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted				
			В. Орро	sed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	John Bucy Stat	te Representative		
	(Attach lists on plain paper to complete this report if necessary.)		В. Оррс	sed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp					
			В. Оррс	sed				
	_	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
		applicable, classify by party.)						

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12	COMMITTEE NAME					13 Filer ID	(Ethics Commission File	rs)
	MOAK CASEY PAC					00087031		
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarner State	e 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.)						
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Re	epresentati <sup>,</sup>	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.)		Liz Campos State Re	presentativ	⁄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					
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
		Assisted (Identify by name or, if						

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COMMITTEE NAME				I	
				13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC				00087031	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	resentative	
(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.)		Sheryl Cole 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.)		Nicole Collier 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.)				

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14	COMMITTEE NAME					13 Filer ID	(Ethios Commission Filers)
14						13 FIIEL ID	(Ethics Commission Filers)
	MOAK CASEY PAC					00087031	
,	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		David Cook S	State Representativ	re	
	(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.)		Philip Cortez	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.)		Pat Curry Sta	ate 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 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY (Identify applicable)	ndidates by name or, if le, classify by party.)	A. Supported	Jay Dean State	e Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Describ	e by date and of election and	A. Supported				
		B. Opposed				
As (Identify	ficeholders sisted by name or, if lle, classify by party.)					
ACTIVITY (Identify	ndidates by name or, if lle, classify by party.)	A. Supported	Mano DeAyala	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Describ	e by date and of election and f issue.)	A. Supported				
		B. Opposed				
As (Identify	ficeholders sisted by name or, if ale, classify by party.)					
ACTIVITY (Identify	ndidates by name or, if ale, classify by party.)	A. Supported	Mark Dorazio	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Describ	e by date and of election and	A. Supported				
		B. Opposed				
As (Identify	ficeholders sisted by name or, if lle, classify by party.)					
1 ''						

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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.)		orted	Paul Dyson State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	sed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		orted	Caroline Fairly State Represer	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		В. Оррс	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted			
			В. Орро	sed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Erin Gamez State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp				
			В. Орро	sed			
	_	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.)	A. Supported	Linda Garcia	State Representat	iive	
(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	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 applicable, classify by party.)		Stan Gerdes	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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12 COMMITT	EE NAME				:	13 Filer ID	(Ethics Commission Filers)
MOAK CA	ASEY PAC					00087031	
14 COMMITT ACTIVITY	EE	1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Guillen State R	Representativ	/e	
(Attach list paper to co report if ne	omplete this		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.)					
COMMITT	EE	1. Candidates	A. Supported	Caroline Harris Davila	a State Repi	resentative	
ACTIVITY		(Identify by name or, if applicable, classify by party.)					
(Attach list paper to co report if ne	omplete this		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.)					
COMMITT ACTIVITY	EE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cole Hefner State Re	epresentative	e	
(Attach list paper to co report if ne	omplete this		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.)					
			<u> </u>				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cassandra Herr	andez State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and ocation of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ana Hernandez	State Represen	itative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and ocation 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.)		Hillary Hickland	State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and ocation 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	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Represe	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	1. Candidates	A Supported	Todd Hunter State Repre	acantati	V/O	
	ACTIVITY	(Identify by name or, if	A. Supported	Todd Hunter State Repre	eseniali	ve	
		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				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Carrie Isaac State Repre	esentativ	/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				
		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 party.)		Venton Jones 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	1. Candidates	A. Supported	Ken King State Representative		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Non 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stan Kitzman 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.)				
	approadic, oraziny by party.)	<u> </u>			

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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.)		Suleman Lalani 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.)		Brooks Landgraf State Represe	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.)		Jeff Leach State Representative	2	
	(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.)				

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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.)		Terri Leo Wilson	State Represe	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	1. Candidates (Identify by name or, if applicable, classify by party.)		A.J. Louderback	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		John Lujan Stat	e 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	1	<u> </u>				

						Page 20 of 64
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.)	A. Supported	Don McLaughlin Si	tate 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John McQueeney	State Represe	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Will Metcalf State F	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.)					
	applicable, classify by party.)					

### FORM GPAC ADDENDUM

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											raye z	1 01 04
12	COMMITTEE NAME							13 Filer ID		(Ethics (	Commissio	on Filers)
	MOAK CASEY PAC							0008703	31			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed M	organ Meye	r State R	Represent	ative				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	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 Br	rent Money	State Re	presentat	ive				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	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 Jo	oe Moody S	tate Repr	esentativ	е				
	(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.)										
			l									

						Page 22 of 64
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.)		Penny Morale	s Shaw State Rep	oresentative	
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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Matt Morgan	State Representat	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.)		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.)					

						Page 23 of 64
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Claudia Ordaz S	State Representa	ative	
(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 party.)					
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angelia Orr Stat	e Representativ	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson	State Represen	itative	
(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 party.)					

					Page 24 of 64
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.)		Dennis Paul State Representati	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			
	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	Mary Ann Perez State Represe	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			
	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	sentative	
(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 25 of 64
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.)	A. Supported	Joanne Shofner	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slawson	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				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		David Spiller St	ate 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.)					
	1					

						Page 26 of 64
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.)		Valoree Swansor	n State Represe	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	James Talarico	State Represent	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Carl Tepper Stat	e Representativ	ve	
(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 party.)					

						Page 27 of 64
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
MOAK CASEY PAC					00087031	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Senfronia Th	ompson State Rep	resentative	
(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.)		Chris Turner	State Representati	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.)					
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cody Vasut	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	, , , , ,	<u> </u>				

### FORM GPAC ADDENDUM

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COMMITTEE NAME MOAK CASEY PAC COMMITTEE ACTIVITY  Attach lists on plain happer to complete this eport if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and	B. Opposed	d Denise Villalobos State Repre	13 Filer ID 00087031 esentative	(Ethics Commission Filers)
COMMITTEE ACTIVITY  Attach lists on plain paper to complete this	(identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and	B. Opposed	Denise Villalobos State Repre		
ACTIVITY  Attach lists on plain paper to complete this	(identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and	B. Opposed	Denise Villalobos State Repre	sentative	
aper to complete this	(Describe by date and				
	(Describe by date and				
	location of election and nature of issue.)	A. Supported	1		
		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.)		<sup>d</sup> Wes Virdell 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	i		
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE	Candidates     (Identify by name or, if applicable, classify by party.)		Hubert Vo State Representati	ve	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)		1		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Attach lists on plain aper to complete this eport if necessary.)  COMMITTEE CTIVITY  Attach lists on plain aper to complete this	COMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this export if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Attach lists on plain aper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  4. Supported  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  5. OMMITTEE CTIVITY  4. Candidates (Identify by name or, if applicable, classify by party.)  5. Opposed  6. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  9. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)	Attach lists on plain aper to complete this export if necessary.)  2. Measures (Describe by party)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party)  Attach lists on plain aper to complete this export if necessary.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party)  Attach lists on plain aper to complete this export if necessary.)  4. Supported Wes Virdell State Representational B. Opposed  A. Supported Hubert Vo State Representational B. Opposed  5. Opposed B. Opposed B. Opposed  6. Supported Hubert Vo State Representational B. Opposed  7. A. Supported Hubert Vo State Representational B. Opposed  8. Opposed B. Opposed	OMMITTEE CTIVITY  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  DOMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  A. Supported  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  Committee this experimental part to complete this experiment of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Committee this experimental part to complete this experimenta

					Page 29 of 64
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.)		Armando Walle State Represe	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Charlene Ward Johnson 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	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharton 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.)				
		ı			

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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.)		Terry Wilson 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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dawn Buckingham Land Comm	issioner	
(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.)		Dustin Burrows State	te Represent	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				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Dan Patrick Lieutena	ant Governo	r	
(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.)					

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

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17 COMM MOAK		E NAME SEY PAC	<b>18</b> Filer ID 00087031	(Ethics C	commission Filers)	
l		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	60,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	\$	56,750.00	
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.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2,315.00	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A1: Sch: 1/1 Rpt: 33/64
2	FILER NAME MOAK CAS			ı	iler ID (Ethics Commission Filers) 0087031
4	Date 01/13/2025	Full name of contributor		7 A	mount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ MoakCasey, LLC Contributor address; City; State; Zip Code			mount of Contribution (\$) \$36,500.00
	Poincipal and	Austin, TX 78701	Farely (Carly by the thirty)		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/10/2025	Full name of contributor out-of-state PAC (ID#:_ MoakCasey, LLC Contributor address; City; State; Zip Code			mount of Contribution (\$) \$7,500.00
		Austin, TX 78701			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: MoakCasey, LLC Contributor address; City; State; Zip Code  Austin, TX 78701			mount of Contribution (\$) \$15,000.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	

### 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 (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: 1/30 Rpt: 34/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2025	Abbott, Greg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 308
— Forest dit us form	
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
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaige Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/Oi	
Date	Payee name
06/26/2025	Alders, Daniel
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Operation ONE Wife discont	On didn't Office helder game
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D-4-	
Date	Payee name
06/26/2025	Barry, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	4418 Broadway
Expenditure from	
corporate funds	Pearland, TX 77581
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/OI	•

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Travel in District

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: 2/30 Rpt: 35/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/30/2025	Bell, Keith
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
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
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/26/2025	Blanco, Cesar
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 929
. ,	
Expenditure from corporate funds	El Paso, TX 79946
PURPOSE	1
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/24/2025	Bowers, Rhetta
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	3526 Lakeview Pkwy. Ste B-211
Expenditure from	
corporate funds	Rowlett, TX 75088
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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 Solicitation/Fundraising Expense
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: 3/30 Rpt: 36/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/24/2025	Bryant, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 140977
— Forestelland from	
Expenditure from corporate funds	Dallas, TX 75214
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
	Campaige Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	'
Date	Payee name
06/25/2025	Buckingham, Dawn
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 342524
Expenditure from corporate funds	Lakeway, TX 78734
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
06/27/2025	Buckley, Brad
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1321 Pershing Drive
— Foresaditors from	
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
LAI LIIDITURL	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORGINATO TO DOTTONE O/O	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/30 Rpt: 37/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/26/2025	Bucy, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	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
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/30/2025	Bumgarner, Ben
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	5150 Kensington Court
Expenditure from corporate funds	Flower Mound, TX 75022
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
6 .	T _
Date	Payee name
06/24/2025	Burrows, Dustin
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	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
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Solicitation/Fundraising Expense
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: 5/30 Rpt: 38/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/27/2025	Cain, Briscoe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO BOX 7
Expenditure from corporate funds	Deer Park, TX 77536
8 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
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
06/26/2025	Campos, Liz
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1028 Rigsby
Expenditure from corporate funds	San Antonio, TX 78210
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
	Campaigo Comination
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/25/2025	Capriglione, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOX 92007
Ψ300.00	1.0.007.02001
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
LA LADITORL	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/30 Rpt: 39/64 MOAK CASEY PAC 00087031 4 Date Payee name 06/23/2025 Cole, Sheryl 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 41 Expenditure from Austin, TX 78767 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/24/2025 Collier, Nicole Amount (\$) Payee address; City; State; Zip Code \$250.00 101 S. Jennings Suite 103C Expenditure from Fort Worth, TX 76104 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/24/2025 Cook, David Amount (\$) Payee address: City: State; Zip Code \$250.00 309 E Broad St. Expenditure from corporate funds Mansfield, TX 76063 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaige Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### 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 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: 7/30 Rpt: 40/64	MOAK CASEY PAC 00087031
·	l.
4 Date	5 Payee name
06/24/2025	Cortez, Philip
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 276155
Expenditure from	San Antonio, TX 78227
corporate funds	
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
	Campaige Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>7</b>
Date	Payee name
06/24/2025	Curry, Pat
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$250.00	204 Woodhew Drive
Expenditure from	
corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/24/2025	DeAyala, Mano
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	12335 Kingsride Lane #416
Expenditure from	
corporate funds	Houston, TX 77024
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
	Campaige 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 Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 (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: 8/30 Rpt: 41/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/24/2025	Dean, Jay
6 Amount (\$) \$250.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>3822 Holly Ridge</li></ul>
Ψ200.00	COZZ FIONY Mago
Expenditure from corporate funds	Longview, TX 75605
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
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/27/2025	Dorazio, Mark
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 461341
Expenditure from corporate funds	San Antonio, TX 78246
•	
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
	Campaige Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2025	Dyson, Paul
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	4040 Hwy 6 Ste 200
Expenditure from	College Station TV 7704F
corporate funds	College Station, TX 77845
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/Officeriolder/Political Committee Campaige 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 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/30 Rpt: 42/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/30/2025	Fairly, Caroline
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1000 S.Tyler Street Apt 10
Expenditure from corporate funds	Amarillo, TX 79101
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
	Campaige Contribution
• • • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/25/2025	Flores, Pete
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1005 Congress Ave Ste 580
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/24/2025	Gamez, Erin
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	777 E Harrison St
— Foresaditors from	
Expenditure from corporate funds	Brownsville, TX 78520
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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
Legal Services

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: 10/30 Rpt: 43/64	MOAK CASEY PAC 00087031	
4 Date	5 Payee name	
06/24/2025	Garcia, Josey	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	702 Richland Hills Dr. Box 760578	
Expenditure from corporate funds	San Antonio, TX 78245	
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	
	Campaige Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	<del></del>	
Date	Payee name	
06/23/2025	Garcia, Linda	
Amount (\$)	Payee address; City; State; Zip Code	_
\$250.00	1908 Haddock Drive	
Expenditure from corporate funds	Mesquite, TX 75149	
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	
	Campaige Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	<del>1</del>	
Date	Payee name	=
06/25/2025	Gerdes, Stan	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO BOX 1060	
Expenditure from		
corporate funds	Smithville, TX 78957	
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	
	Campaige Contribution	
Operation Children	On this to 10 ff a shall do many a series of the same	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	ĺ
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#### 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

Reimbursement
Rental Expense
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: Sch: 11/30 Rpt: 44/64	2 FILER NAME3 Filer ID(Ethics Commission Filers)MOAK CASEY PAC00087031
4 Date	5 Payee name
06/26/2025	Guillen, Ryan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	5346 E. US HWY 83 Bdg A STE 5-A
Expenditure from corporate funds	Rio Grande City, TX 78582
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   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaige Contribution
	Sampaigo Comination
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Gree	
Date	Payee name
06/26/2025	Hancock, Kelly
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 821349
\$1,000.00	PO BOX 021349
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  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-1</del>
Data	
Date	Payee name
06/25/2025	Harris Davila, Caroline
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
-	
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   Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaige Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPERIORATE 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

Candidate/Officeholder/Politica	
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: 12/30 Rpt: 45/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/25/2025	Hefner, Cole
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 167
Ψ200.00	1 0 50% 101
Expenditure from corporate funds	Mount Pleasant, TX 75456
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Hernandez, Ana
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 15538
Ψ230.00	1 O BOX 13330
Expenditure from corporate funds	Houston, TX 77220
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
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2025	Hernandez, Cassandra
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 1289
Expenditure from corporate funds	Addison, TX 75001
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 Check if Austin, TX, officeholder living expense
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 region Cabadida F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 13/30 Rpt: 46/64	2 FILER NAME3 Filer ID(Ethics Commission Filers)MOAK CASEY PAC00087031
4 Date	5 Payee name
06/27/2025	Hickland, Hillary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	2130 Allenna Lane
Expenditure from corporate funds	Temple, TX 76502
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
	Campaige Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/25/2025	Hughes, Bryan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from	
corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Hull, Lacey
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 19231
·	
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Commission Chill M If allow	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3p 3a3 to 20a 0/0/	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment		,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/30 Rpt: 47/64	MOAK CASEY PAC	00087031
4 Date	5 Payee name	
06/26/2025	Hunter, Todd	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	445 Cape Henry	
Expenditure from corporate funds	Corpus Christi, TX 78412	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EXPENDITURE	Contributions/Donations Made By	heck if travel outside of Texas. Complete Schedule T.
		heck if Austin, TX, officeholder living expense
	Can	npaige Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/25/2025	Isaac, Carrie	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	100 Commons Road #7-125	
Expenditure from corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EXPENDITURE	Contributions/Donations Made By	heck if travel outside of Texas. Complete Schedule T.
		heck if Austin, TX, officeholder living expense npaige Contribution
	Can	ipaige Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/25/2025	Johnson, Nathan	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 670994	
Expenditure from corporate funds	Dallas, TX 75367	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion
OF		heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		heck if Austin, TX, officeholder living expense
	Can	npaige Contribution
		0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### 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 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: 15/30 Rpt: 48/64	MOAK CASEY PAC 00087031
•	
4 Date	5 Payee name
06/26/2025	Jones, Venton
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	707 Vermont Avenue
Expenditure from	Dallas, TX 75216
corporate funds	
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaige Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
06/25/2025	King, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 517
\$1,000.00	FO BOX 517
Expenditure from	
corporate funds	Canadian, TX 79014
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/30/2025	King, Phil
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1913
Expenditure from	
corporate funds	Weatherford, TX 76086
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
	Campaige 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 -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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/30 Rpt: 49/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/24/2025	Kitzman, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 553
Expenditure from corporate funds	Pattison, TX 77466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	B
Date	Payee name
06/25/2025	Lalani, Suleman
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 6514
Expenditure from corporate funds	Houston, TX 77265
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
06/25/2025	Landgraf, Brooks
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 13146
Expenditure from	
corporate funds	Odessa, TX 79768
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
	Campaige 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 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: 17/30 Rpt: 50/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/25/2025	Leach, Jeff			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	PO Box 866186			
Expenditure from corporate funds	Plano, TX 75086			
8 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			
	Campaige Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/Oi				
Date	Payee name			
06/24/2025	Legislative Study Group			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 12943			
Expenditure from corporate funds	Austin, TX 78711			
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			
	Campaige Contribution			
	Campaigo Comination			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
06/27/2025	Leo Wilson, Terri			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	29 Pirates Bch W			
Expenditure from corporate funds	Galveston, TX 77554			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaige Continuation			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/Ol				

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 18/30 Rpt: 51/64	2 FILER NAME MOAK CASEY PAC  3 Filer ID (Ethics Commission Filers) 00087031			
<b>4</b> Date 06/25/2025	5 Payee name Louderback, A.J.			
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 1792			
Expenditure from corporate funds	Victoria, TX 77902			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaige Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date 06/26/2025	Payee name Lujan, John			
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 14479			
Expenditure from corporate funds	San Antonio, TX 78214			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaige Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date 06/25/2025	Payee name McLaughlin, Don			
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 1707			
Expenditure from corporate funds	Uvalde, TX 78802			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaige Contribution			
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 -

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

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: 19/30 Rpt: 52/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/25/2025	McQueeney, John
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	PO Box 100458
Expenditure from	
corporate funds	Fort Worth, TX 76185
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
	Campaige Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nomo
06/24/2025	Payee name Motoolf, Will
	Metcalf, Will
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOX 454
Expenditure from	
corporate funds	Conroe, TX 77305
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
06/25/2025	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
	Campaige 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)**

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

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: 20/30 Rpt: 53/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/25/2025	Money, Brent			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	2606 Lee Street			
— Foresteller from				
Expenditure from corporate funds	Greenville, TX 75401			
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			
	Campaige Contribution			
O Complete CNII V if divers	Candidate/Officeholder name Office sought Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
Date	Payee name			
06/26/2025	Moody, Joe			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 920827			
Evponditure from				
Expenditure from corporate funds	El Paso, TX 79902			
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 Austin, TX, officeholder living expense			
	Campaige Contribution			
Commission ONLY if dispose	Condidate/Office helds name Office accepts			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/25/2025	Morales Shaw, Penny			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 925991			
Expenditure from				
corporate funds	Houston, TX 77292			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
D. LIBITORE	Candidate/Officeholder/Political Committee			
	Campaige Contribution			
Commission ONUVIVIII	Condidate/Officeholder name			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
,				

#### 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

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: 21/30 Rpt: 54/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/25/2025	Morgan, Matt			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	503 FM 359 Ste 130			
Expenditure from	Richmond, TX 77406			
corporate funds	Ricilliona, 1×11400			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
ZA ZABITORZ	Candidate/Officeholder/Political Committee			
	Campaige Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/26/2025	Noble, Candy			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	1105 E Main Street #223			
Expenditure from corporate funds	Allen, TX 75002			
•	I			
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			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
06/26/2025	Ordaz, Claudia			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 71738			
Expenditure from corporate funds	El Paso, TX 79917			
-	I ma			
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			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

#### 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: 22/30 Rpt: 55/64	MOAK CASEY PAC 00087031
4 Date	5 Payee name
06/24/2025	Orr, Angelia
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 113
Expenditure from corporate funds	Itasca, TX 76055
8 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
	Campaige Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
06/24/2025	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
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
	Campaige Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies name
06/23/2025	Payee name Patrick, Dan
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 685085
Expenditure from	Austin TV 70700
corporate funds	Austin, TX 78768
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
	Campaige 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 -

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 Solicitation/Fundraising Expense
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: 23/30 Rpt: 56/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/25/2025	Patterson, Jared			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	PO Box 5419			
Expenditure from corporate funds	Frisco, TX 75035			
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			
	Campaige Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experience to serious experi				
Date	Payee name			
06/24/2025	Paul, Dennis			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	626 1/2 Barringer Ln Suite E			
Expenditure from corporate funds	Webster, TX 77598			
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 Campaige Contribution			
	Campaigo Comination			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/Ol	· ·			
Date	Payee name			
06/30/2025	Paxton, Angela			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 2878			
·				
Expenditure from corporate funds	McKinney, TX 75070			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
-	Candidate/Officeholder/Political Committee			
	Campaige Continuation			
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct 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 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: 24/30 Rpt: 57/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/24/2025				
00/24/2025	Perez, Mary Ann			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	6200 Gulf Fwy #125			
Expenditure from corporate funds	Houston, TX 77023			
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			
	Campaige Continuation			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiulture to beliefft C/O				
Date	Payee name			
06/26/2025	Raymond, Richard			
Amount (\$)				
` '	Payee address; City; State; Zip Code			
\$500.00	PO Box 451508			
Expenditure from				
corporate funds	Laredo, TX 78045			
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			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	· ·			
Date	Payee name			
06/26/2025	Senate R Caucus			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 12943			
Expenditure from	Austin, TX 78701			
corporate funds				
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			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

#### 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 (other a cottographed 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: 25/30 Rpt: 58/64	MOAK CASEY PAC 00087031				
4 Date	5 Payee name				
06/26/2025	Shofner, Joanne				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$250.00	638A N. University Drive #177				
Expenditure from	Nacardaches TV 75061				
corporate funds	Nacogdoches, TX 75961				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
ZA ZABITORZ	Candidate/Officeholder/Political Committee				
	Campaige Contribution				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/25/2025	Slawson, Shelby				
Λ :== = = = = (Φ)					
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	PO Box 286				
Expenditure from 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 Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	Campaige Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
06/24/2025	Spiller, David				
Amount (\$)					
\$250.00	PO Box 447				
— Forest diture (co. co.					
Expenditure from corporate funds	Jacksboro, TX 76458				
-	I ma				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By				
EXPENDITURE	Contributions/Donations water by				
	Candidate/Officeholder/Political Committee				
	Campaige Continuation				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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
ense 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: 26/30 Rpt: 59/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/25/2025	Swanson, Valoree			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	6046 FM 2920 Box #619			
Expenditure from	Carriery TV 77070			
corporate funds	Spring, TX 77379			
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			
	Campaige Contribution			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/25/2025	Talarico, James			
	·			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 15207			
Expenditure from corporate funds	Austin, TX 78761			
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			
	Campaige Contribution			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
experialitate to beliefit 6/0	•			
Date	Payee name			
06/25/2025	Tepper, Carl			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 94534			
Expenditure from corporate funds	Lubbock, TX 79493			
-	I ma			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 27/30 Rpt: 60/64	MOAK CASEY PAC 00087031				
4 Date	5 Payee name				
06/27/2025	Thompson, Senfronia				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	4828 Loop Central Dr. #600				
Expenditure from corporate funds	Houston, TX 77081				
8 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	Continuouions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense				
	Campaige Contribution				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Data					
Date	Payee name				
06/26/2025	Turner, Chris				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	PO Box 182093				
Expenditure from corporate funds	Arlington, TX 76096				
PURPOSE	Land Land				
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				
	Campaige Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	<del>1</del>				
Date	Payee name				
06/27/2025	Payee name Vasut, Cody				
	-				
Amount (\$)	Payee address; City; State; Zip Code				
\$250.00	PO Box 2724				
Expenditure from					
corporate funds	Angleton, TX 77516				
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				
	Campaige Contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains I	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)
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	Tow to complete this form	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 28/30 Rpt: 61/64	MOAK CASEY PAC		3 Filer ID (Ethics Commission Filers) 00087031
4 Date	5 Payee name		1
06/24/2025	Villalobos, Denise		
6 Amount (\$) \$250.00	7 Payee address; City; State; 10330 Kingsbury Dr	Zip Code	
Expenditure from corporate funds	Corpus Christi, TX 78410		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Date	Payee name		
06/25/2025	Virdell, Wes		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	PO Box 147		
Expenditure from corporate funds	Brady, TX 76825		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office sought	Office held
Date	Payee name		
06/25/2025	Vo, Hubert		
Amount (\$) \$250.00	Payee address; City; State; PO Box 2227	Zip Code	
Expenditure from corporate funds	Alief, TX 77411		
PURPOSE OF	(a) Category (See Categories listed at the top of this scho	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comm		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ontribution
Complete ONLY if direct expenditure to benefit C/O		office sought	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

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: 29/30 Rpt: 62/64	MOAK CASEY PAC 00087031			
4 Date	5 Payee name			
06/24/2025	Walle, Armando			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	4101 Washington Avenue			
Expenditure from corporate funds	Houston, TX 77007			
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			
	Campaige Contribution			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
06/23/2025	Ward Johnson, Charlene			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 925775			
Expenditure from corporate funds	Houston, TX 77292			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaige Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
06/26/2025	Wharton, Trey			
Amount (\$)	Payee address; City; State; Zip Code			
\$250.00	PO Box 1242			
Expenditure from corporate funds	Huntsville, TX 77342			
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			
	Campaige Contribution			
Complete ONLY if direct				
expenditure to benefit C/OH				

### 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 Gitt/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 (enter a category not listed above)

Candidate/Officeholder/Politica 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: 30/30 Rpt: 63/64	MOAK CASEY PAC	00087031
4 Date	5 Payee name	
06/25/2025	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	el outside of Texas. Complete Schedule T.
LAFENDITORE		in, TX, officeholder living expense
	Campaige C	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/25/2025	Zaffirini, Judith	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO BOX 627	
Ψ1,000.00	1 0 BSX 021	
Expenditure from corporate funds	LAREDO, TX 78042	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		el outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	in, TX, officeholder living expense
	Campaige C	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

		AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I			
	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME MOAK CASEY PAC	3 Filer ID (Ethics Commission Filers) 00087031			
4	Date 05/23/2025	5 Payee name Atchley & Associates				
6	Amount (\$)  2,315.00  Expenditure from corporate funds	7 Payee Address; City; State; Zip 1005 La Posada Dr  Austin, TX 78752				
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking  (b) Description  Tax Return Pr	See instructions regarding type of information required.)			