CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT						ORM C/OH HEET PG 1	
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer	ID (Ethics Co	mmission Filers)	2 Total pages fi	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST			МІ	OFFICE	USE ONLY
NAME	. Ms.	Molly LAST			J. SUFFIX	Date Roceived A	COUNT
04410104757	Molly Groesbeck	Solis Groesbec	CITY:	STATE;	ZIP CODE	( <del>4</del> )	2\
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; P.O. Box 1387	APT / SUITE #;	Lytle	Tx	78052	A LEE 5	18 3021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSIO	)N	Date Hand-belle	Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST			мі	Receipt #	Amount \$
TREASURER NAME	. Mr	Travis				Date Processed	, l
TW WILL	NICKNAME	LAST Hali			SUFFIX	Date Imaged	
T. CAMPAICH	STREET ADDRESS //	NO PO BOX PLEASE); APT /	SUITE #;	CITY;		STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	1622 Stone Hvn	to ro box reducej, racci	00/12 //,	Pleasa	anton	Texas	78064
(Residence or Business)		<u></u>					<del></del>
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSIO	M		
9 REPORT TYPE	January 15	30th day befor	e election	Rund	off		ifter campaign appointment er Only)
	July 15	X 8th day before	election		eded Modified orting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year			Month	Day Yea	ar
COVERED	February	5 / 2024	THE	ROUGH	February	/ 26th/	2024
11 ELECTION	ELECTION DA	X Prima	ny 🗍 R	Runoff [	ELECTION TYPE  Other	Ē	
	Month Day	/		Special	Description		
	March 5	2024 Gener		pooler			
12 OFFICE	OFFICE HELD (if any)	<u> </u>	1	3 OFFICE S	OUGHT (if know	n)	
14 NOTICE FROM POLITICAL	THE ASSISTANCE ! ACCU	E OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITU IS AND OFFICEHOLDERS ARE REC	DEC MAY UNIT	REEN MADE V	VITHOUT THE CAN	IDIDATE'S OR OFFICENC	JLDER'S KNOWLEDGE UK
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN 1	FREASURER N	AME			
		COMMITTEE CAMPAIGN	TREASURER	ADDRESS			
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Molly J. Groesbe	ck/ Molly Groesbeck Solis	
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 0
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,555.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,701.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 7,550.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true ormation required to be reported by me under Title 15, Election Code.,050.00	e and correct and includes all
	Muga	subok
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<b>y</b> :
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is Molly J. Gro	esbeck, and my date of birth is November 11, 1977	·
M <u>y address</u> is19941 D	oc Holiday Dr,	
Lytle (City)	Texas (state) 78052 (zip code) US (country) .	
Executed in Atascos	a County, State of <u>Te</u> xas, on the <u>26th</u> day ofFebru (mont)	n) (year)
	Šignature of Candi	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)			
	Molly J. Groesbeck / Molly Groesbeck Solis				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7000.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0			
4.	SCHEDULE E: LOANS	\$ 1,500.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<sup>\$</sup> 7555.41			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	он \$ 0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0			

#### SCHEDULE A1

The	Instruction Guide explains how		Total pages Schedule A1:     2		
2 FILER NAME	Molly J. Groesbeck / Molly Gro		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:		7 Amount of contribution (\$)
	Clint Hindes				\$500.00
2/12/2024	6 Contributor address;	City; State; Zip Code		Zip Code	\$500.00
	P.O. Box 773	78011			
8 Principal occu	pation / Job title (See Instructions)		9 Empli	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:	)	Amount of contribution (\$)
	Trace Blair, Wigington Rumley	Dunn & Blair, LL	P		, , ,
2/12/2024	Contributor address;	City;	State;	Zip Code	\$500.00
211212024	123 North Carrizo St	Corpus Chrisit,	Tx	78401	
Principal occup	pation / Job title (See Instructions)		Emple	yer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:		Amount of contribution
	Suzanne Schuchart				(\$)500.00
2/12/2024	Contributor address;	City;	State;	Zip Code	
	300 La Cieba Dr	Jourdanton	Tx	78026	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	; (ID#:	)	Amount of contribution (\$)
2/12/2024	Greg DiCaro				\$1000.00
	Contributor address; P.O. Box 367	City;	State;	Zip Code 78064	
		Pleasanton	Tx	78004	
Principal occup	oation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
		<del></del>	1	-	
	ΔΤΤΑΩΗ ΔΩΩΙ	TIONAL COPIES	OF THIS S	CHEDULF AS N	
	MI IACHADDI				

## SCHEDULE A1

## MONETARY POLITICAL CONTRIBUTIONS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS WEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
		(Turning 1904) 000) 010 000 (110100	feece indicini		
Employer (See Instruc	<u> </u>	(See Instructions)	Principal occur		
State; Zip Code	Cjr\lambda!	Contributor address;			
(*************************************	OA9 elste-to-tuo [	Full name of contributor	Date		
cipal occupation / Job title (See Instructions) Employer (See Instructions)					
State; Zip Code	City;	Contributor address;			
:#01)	OA9 etsta-to-tuo	Full name of contributor	Date		
Employer (See Instruct		(See Instructions)	Principal occup		
State; Zip Code	CIA:	Contributor address;	:		
:#ai)	DA9 elsta-to-tuo 🗌	Full name of contributor	e)sC		
			Inece indicini . S		
1	<u> </u>		Principal occur		
State; Zip Code	City;	6 Contributor address;	2/12/2024		
	ngisqmsD Hir	David Soward for She			
		5 Full name of contributor	əted 🏞		
eck Solis	Molly Groesb	Molly J. Groesbeck	2 FILER NAME		
form.	to complete this	metruction Guide explains how	l adT		
	eck Solis  State; Zip Code  State; Zip Code  State; Zip Code  (ID#:	Molly Groesbeck Solis  iff Campaign  City; State; Zip Code  City; State; Zip Code	David Soward for Sheriff Campaign  6 Contributor address: City; State; Zip Code  P.O. Box 714 Pleaseanton Tx 78064  P.O. Box 714 Pleaseanton Tx 78064  Pull name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State; Zip Code  Full name of contributor  Contributor address: City; State Instructions  Full name of contributor  Contributor address: City; State Instructions  Full name of contributor  Contributor address: City; State Instructions  Full name of contributor  Contributor address: City; State Instructions  Full name of contributor  Full name of contributor  Contributor address: City; State Instructions  Full name of contributor  Full name of contributor  Full name of contributor  Full name of contributor		

## **LOANS**

## SCHEDULE E

ii iiio roquooioi	- Information to not applicable, <b>DO NO</b>		port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Molly J. Groe	sbeck Molly Groesbeck Solis	,, <u>-</u>	
4 TOTAL OF UN	NITEMIZED LOANS		\$ 1,500.00
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
2/16/2024	Molly Groesbeck Solis		\$1,500.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	19941 Doc Holiday Dr Lytle	o Tv 78052	0
W	19941 Doc Hollday Dr Lytl	e Tx /8052	11 Maturity date
12 Principal accupati	on / Job title (See Instructions)	13 Employer (See Instructions)	0
- Francipal occupation	on 7 300 title (See instructions)	Linployer (See instructions)	
14 Description of Colf	lateral	Check if personal fun account (See Instruc	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
Xnot applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEI struction guide for additional re	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.				
Total pages Schedule F1:	2 FILER NAME Molly J. Groesbeck / Molly Groesbeck Solis		3 Filer ID (Ethics Commission Filers			
Date 2/12/2024	5 Payee name Meta Platforms, Inc.					
Amount (\$)	7 Payee address;	City;	State; Zip Code			
50.00	1601 Willow Rd	Menlo Park	CA 94025			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising (	Advertising Campagn on Facebook			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
2/15/2024	Allegra Printing Solutions					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$6,980.41	1601 Willow Rd	San Anton	io TX 78216			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising P	rint Mailer and Postage			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name	<del></del>				
2/16/2024	Tri City Road Warriors					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$250.00	P.O. Box 168	teet	TX 78065			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Donation,/ Sponsorship	Advertising				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

### SCHEDULE F1

			<del></del>	
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
	Accounting/Banking Fees Office Overhead/Rental Expens Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Waqes/Contract Labor			Expense nt & Related Expense not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
2	Molly J. Groesbeck / Molly Groes	hark Salis	O Their ID (Ethics C	ommission i ners;
4 Date	5 Payee name	DCCR CONS		
2/20/2024	Facebook, Meta Platform			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
(4)	. rayou address,	Oity,	State,	Zip Code
275.00	1601 Willow Rd	Menlo f	Park CA 9	4025
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	·	•
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook Ca	mpaign Ads	
	(C) Check if travel outside of Taxas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	<u> </u>	fice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this sch	Description		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description		
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	in, TX, officeholder living exp	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		ffice held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEI	EDED	

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	·	МІ	OFFICE	USE ONLY
NAME	Ms.	Molly LAST		J.	Day Recount A	CO
	İ			SUFFIX	1/5	4
4 CANDIDATE/	Molly Groesbeck ADDRESS / PO BOX	<del></del>	CITY; STATE	: ZIP CODE	<b> </b> /₩	31
OFFICEHOLDER		, Arribone $\pi_0$ .	Alli; einic	.; ZIF CODE	FEB 0 5	2074
MAILING	P.O. Box 1387		Lytle Tx	78052	N 4	¥ <b>]</b>
ADDRESS					$V_{\mathbf{A}}/V_{\mathbf{A}}$	() _ /
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTEN	DION	VECT!	OH
OFFICEHOLDER	, ,	FROME NUMBER	EATEN	ISION	Date Hand- <del>Celivered</del>	of Date Postmarked
PHONE	)				7	
6 CAMPAIGN	MS / MRS / MR	FIRST		Mi	Receipt#	Amount \$
TREASURER NAME	. Mr	Travis			Date Processed	
	NICKNAME	LAST		SUFFIX	Data Impand	
		Hall			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	(NO PO BOX PLEASE); APT / SI	UITE#; CIT	TY;	STATE;	ZIP CODE
TREASURER ADDRESS	1622 Stone Hvn		Ple	easanton	Texas	78064
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTEN			
TREASURER						
PHONE	·   •					
9 REPORT TYPE	January 15	X 30th day before e	election R	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ocuon j	exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	г
	January	1 2024	THROUGH	February	5 /	2024
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year X Primary	Runoff	Other Description		
	March 5	2024 General	Special	<del></del>		
12 OFFICE	OFFICE HELD (if any)			E SOUGHT (if known	1)	
			County	Attorney		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(\$)	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
						····
		GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

	THANGE REPORT	
15 C/OH NAME	<b>1</b>	ler ID (Ethics Commission Filers)
Molly J. Groesbe	ck/ Molly Groesbeck Solis	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <sup>0</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,075.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
• • • • • • • • • • • • • • • • • • • •	4. TOTAL POLITICAL EXPENDITURES	\$ 8,060.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,757.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,050.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and cormation required to be reported by me under Title 15, Election Code.,050.00	correct and includes all
	Mally Doesbook	
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	-	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is Molly J. Groe	esbeck, and my date of birth is <u>November 11, 1977</u>	·
My address is19941 Do	c Holiday Dr	
Lytle_(city)	exas (state) 78052 (zip code) US (country) .	
	County, State of <u>Texas</u> , on the <u>5th</u> day of <u>February</u> (month)	_,2024 (year)
	Signature of Candidate/Off	ficeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
	Molly J. Groesbeck / Molly Groesbeck Solis	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,850.00
2.	SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,225.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,060.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <sub>0</sub>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <sub>0</sub>

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how		1 Total pages Schedule A1:		
2 FILER NAME	Molly J. Groesbeck / Molly Gro	esbeck Solis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#;	)	7 Amount of contribution (\$)
1/16/2024	. David A. Smith  6 Contributor address;	City;	State;	Zip Code	\$300.00
	57 Pullium Dr.	Pleasanton	Tx	78064	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	; (ID#:	)	Amount of contribution (\$)
1/16/2024	Ann Matthews Contributor address;	City;	State;	Zip Code	\$1,500.00
1710/2024	P.O. Box 71	Charlotte	Tx	78011	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
	Christopher J. Jenschke				\$5,000.00
1/16/2024	Contributor address;	City;	State;	Zip Code	
	3795 W FM 476	Poteet	Tx	78065	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
1/27/2024	. Jeanne B. Isreal Contributor address;	City;	State;	Zip Code	\$50.00
	910 Abilene	Pleasanton	Tx	78064	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

•					
The Instruction Guide explains how to complete this form.			1 Total pages Sched	1 Total pages Schedule A2:	
2 FILER NAMI Molly J. G	E Groesbeck / Molly Groesbeck Solis		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1,225.00		
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:		Contribution \$	9 In-kind contribution description	
1/17/2024	7 Contributor address; City; State; 927 Mitch Thomas Pleasanton Texa	Zip Code s 78064	1,225.00	Campaign signs _  Next Level Signs  de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	<del> </del>	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		,		
Date .	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	· · · · · · · · · · · · · · · · · · ·	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<u>,, , , , , , , , , , , , , , , , , , ,</u>	ATTACH ADDITIONAL COPIES OF T	HIS SCHED!	II FAS NEFDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic  Credit Card Payment		pense Travel Out Of District  /ages/Contract Labor Other (enter a category not listed above)
Cledit Card Payment	The Instruction Guide explains how to o	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
2	Molly J. Groesbeck / Molly Groesbeck Solis	
4 Date 1/18/2024	5 Payee name	
	Pleasanton Lions Club	0'b
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$1,000.00	114 Wyoming Blvd	Pleasanton Tx 78064
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Donation/Contribution	
OF EXPENDITURE		Sponsorship for Wild Game Dinner Fundraise
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
1/25/2024	Facebook Meta Platforms, Inc.	
Amount (\$)	Payee address;	City; State; Zip Code
\$122.26	1601 Willow Rd	Menlo Park CA 94025
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising campaign on Facebook
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
1/29/2024	True Value	
Amount (\$)	Payee address;	City; State; Zip Code
\$91.90	14940 Main St.	Lytle TX 78052
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Tposts for campaign signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder (Iving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	n	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

if the requested information is not applicable, bo NoT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense Spense Spe			
		2 Files ID (Fibine Commission Filery)			
1 Total pages Schedule F1: 2	3 Filer ID (Ethics Commission Filers) Solis				
4 Date	5 Payee name				
1/31/2024	- 11				
	Allegra	City; State; Zip Code			
6 Amount (\$)	7 Payee address;	City, Ciato, 2p 5555			
\$730.51	11811 Warfield	San Antonio Tx 78216			
8	(a) Category (See Categories listed at the top of this schedule	) (b) Description			
PURPOSE					
OF EXPENDITURE	Advertising Expense	Rack Cards and door hanger plastic bags			
	(c) Check if travel outside of Texas, Complete Schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2/2/2024	Allegra				
Amount (\$)	Payee address;	City; State; Zip Code			
\$6115.87	11811 Wartield	San Antonio Tx 78216			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Mail print advertising			
	Check if travel outside of Texas, Complete Schedule 1	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, afficeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			

		NCE REPORT		FORM C/OI COVER SHEET PG
	n Guide explains	how to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	!	30
NAME	NICKNAME	Molly	J <sup>™</sup>	OFFICE USE ONLY
	Malliagran	Short Colic LAST	L ( SUFFIX	Date Pecese COUNTY
4 CANDIDATE/	ADDRESS / PO		beck	1/650 1/2
OFFICEHOLDER MAILING		*** * * * * * * * * * * * * * * * * *	CITY; STATE; ZIP COD	<u> </u>
ADDRESS	P.O. B	ox 1387	Lutte Tx 7X0!	5211 JAN 1,6 2024
Change of Address	1		(100)	~ 1\
CANDIDATE/	AREA CODE	PHONE NUMBER		ELECTIONS
OFFICEHOLDER PHONE	1	Worke Howber	EXTENSION	Date Hand delivered of Date Postmarked
CAMPAIGN	MS / MRS / MR	FIRST		Receipt #   Amount 6
TREASURER NAME	l Mv.	Trais	МІ	Amount \$
	NICKNAME	LAST	*******************************	Date Processed
	}	Hall	SUFFIX	Date Imaged
CAMPAIGN	STREET ADDRES	S (NO PO BOX PLEASE); APT / S	DITE #	
TREASURER ADDRESS			<b>O</b> 1	STATE; ZIP CODE
Residence or Business)	1 le de	Stone Hun	Pleasant	DV 7XX 78064
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	 <del> </del>	<u>~_ ·</u>		
REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign
	July 15	8th day before elec	tion Exceeded Modified	treasurer appointment (Officeholder Only)
PERIOD	Marth		Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month (7	Day Year	Mont	h Day Year
<del></del>	1	<u> </u>	THROUGH / 2	/31/2023
ELECTION	ELECTION D	ATE	ELECTION TY	PE PE
!	Month Day	Year	Runoff Other	
	3/5.	General General	Description Special	
OFFICE	OFFICE HELD (if any	<del></del>		
			13 OFFICE SOUGHT (if kno	wn)
OTICE FROM	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTION	_ County HT	TOYNEY
OUTION	THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CEHOLDER. THESE EXPENDITURES ME S AND OFFICEHOLDERS ARE REQUIRED	CEPTED OR POLITICAL EXPENDITURES AY HAVE BEEN MADE WITHOUT THE CA	MADE BY POEMICAL COMMITTEES TO SUPPORT NOUDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY BEFORE MOTE OF THE STATE
	COMMITTEE TYPE	COMMITTEE NAME	TO REPORT THIS INFORMATION ONLY IF	MADE BY POLYFICAL COMMITTEES TO SUPPORT NOUDATES OR OFFICEHOLDER'S KNOWLEDGE OR FINEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Da	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREASE	IPER NAME	
		TREAS	NAME	
	İ	COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
				į į

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

		Z AZI OITI				
16 C/OH NAME	Groeshede/	MollyGroc	speck Solis	16 Filer	ID (Ethics Commission	Filers)
17 CONTRIBUTIÓN TOTALS	PLEDGE	INITEMIZED POLITICAL C S, LOANS, OR GUARANTI BUTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER THEES OF LOANS, OR ONICALLY)	łAN	\$ 75.00	
		POLITICAL CONTRIBUT	IONS OR GUARANTEES OF LOAN	<b>1</b> S)	\$ 15,440.	40
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICAL EX	(PENDITURE.		\$72.71	
· · · · · · · · · · · · · · · · · · ·	4. TOTAL P	OLITICAL EXPENDITU	RES		\$19,052	.73
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTION RTING PERIOD	S MAINTAINED AS OF THE I	LAST DAY	\$2,967.	<u>-</u> 53
OUTSTANDING LOAN TOTALS	6. TOTAL PF LAST DAY	RINCIPAL AMOUNT OF AL Y OF THE REPORTING PE	L OUTSTANDING LOANS AS RIOD	OF THE	\$6050.	(D)
18 SIGNATURE I s	wear, or affirm, under	penalty of periury, that t	he accompanying report is	true and co	rrect and includes all in	oformation
rec	quired to be reported by	y me under Title 15, Electi	on Code.	and dila col	neot and mondes an n	nomiation
			5 01.10		1 1	
			7/1/1/Vin 1	Jua	ansul	
		_	- 1 my	y we	esce.	
			Signature of	Candidate o	or Officeholder	
			•			
		<b>5</b> 1				
		Please complete	either option belo	ow:		
(1) Affidavit						
NOTARY STAMP/SEAL	L					
Sworn to and subscribed	before me by		thic th	ne	day of	
			uns u			'
20, to certify	wnich, withess my han	d and seal of office.				
Cinchina de efficient de la lata						
Signature of officer administer	ring oath	Printed name of officer a	dministering oath		Title of officer administe	ring oath
		OR				
(2) Unsworn Declaration	on					
My name is Molg	Jane Groe	steek	, and my date of birth	is	11/1977	
My address is GG44	1200 Holida	y br	. Lytle	<u>_(\\ \</u>	18050, United	<b>Dtates</b>
Ai	(street		(city)	(state)	zip code) / (country	y)
Executed in HUSU	Oounty, Sta	te of Lexas	on the // day of	MANU	,20,24	
7 1 1 2 2 2 2			TVI MILE	الم الم والله	In year	
			Signature of Can	ididate/Office	eholder (Declarant)	_

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	MOTH THE Grow Sheek Mully Grow Sheek Solis 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$/2,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3390.46
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 6050. M
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,990.13
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3989.89
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>O</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	* <i>O</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>O</i>

#### SCHEDULE A1

			• • • • • • • • • • • • • • • • • • • •
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	J. Groesbeck/Molly Gra	vesbedcSolis	3 Filer ID (Ethics Commission Filers)
9/15/2023	5 Full name of contributor Out-of-state PAC  Amanda Reyes Cashillo  6 Contributor address; City;	State; Zlp Code  7x 78065	7 Amount of contribution (\$) \$\frac{1}{200.00}\$
·		9 Employer (See Instruct	ons)
9/15/2023	Full name of contributor out-of-state PAC DAMID RUYES  Contributor address; City;  365 Papa Reyes Lane Poteet	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date  9/15/2023  Principal occup	Full name of contributor out-of-state PAC  JOEEUSTACE  Contributor address; City;  1305U.S. Hwy 2815 Plasanto  ation / Job title (See Instructions)	State; Zip Code  X TX 78064  Employer (See Instruction	Amount of contribution (\$)  /000.00
Date 9/15/2023	Full name of contributor out-of-state PAC  Steven Reyes  Contributor address; City;  333 Papa Reyes Ln Pota	(ID#:)  State: Zip Code  Cf, TX 78065	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES Q	F THIS SCHEDULE AS NE	EEDED

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jane Froesbeck / Molly Groesbeck	Selis	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/2023	5 Full name of contributor out-of-state PAG  Li Sa Sanchez  6 Contributor address; City;  P. D. Box 943 Patest  pation / Job title (See Instructions)	7 Amount of contribution (\$)  /200,00	
		9 Employer (See Instruc	
Date 11/21/2023	Full name of contributor out-of-state PAGE JUMES E. DUUGHEY II.  Contributor address; City;  P. O. Box 357 Pleasant	State; Zip Code	Amount of contribution (\$) 2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/27/2023	Full name of contributor   out-of-state PAGE DIANCL Groesbeck  Contributor address; City;  2 Man as a Drope Potcet	State; Zip Code TX 78065	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor   out-of-state PACE  CONTRIBUTION   Out-of-state PACE  Contributor address; City;  400 E DiHoRd Poteet	State; Zip Code  TX 78065	Amount of contribution (\$)  *50.00
Principal occupation / Job title (See Instructions) Employer (See			tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The In	estruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	ne Grosesbeck/Molly Gros	beck Solis	3 Filer ID (Ethics Commission Filers)
12/15/2433	Full name of contributor out-of-state PAI  Sally Hall  Contributor address; City;  540 RutledgeRd Pottet  tion / Job title (See Instructions)	State; Zip Code  TX 78065	7 Amount of contribution (\$)  \$\footnote{f}/00.00
	tion 7 500 title (Sea Instructions)	9 Employer (See Instruct	ions)
12/15/2023	Full name of contributor out-of-state PAC  AMAMAA VYVICKA  Contributor address; City;  75 Chn Stive Rd Jourda	State; Zip Code	Amount of contribution (\$)
	on / Job title (See Instructions)	Employer (See Instructi	ons)
1415/2023	Full name of contributor   out-of-state PAC   Albert Sach z Contributor address; City; IV42 Elm Ridget Sant	State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)
Date 2/15/2023	Full name of contributor out-of-state PAC  AVO   ANN RUNCA  Contributor address; City;  HORUHUGERO POKET		Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule As:
2 FILER NAME	Tan Erroesbeck / Molly Groesbeck	Solis	3 Filer ID (Ethics Commission Filers)
12/15/203	5 Full name of contributor out-of-state PAC (ID#:  COLLY B. TEXCELY A  6 Contributor address; City; s  415 ApplewhiteRd Poket	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date   2   12   18   23	P.O.Box 943 Poteet 7	tate; Zip Code X 78065	Amount of contribution (\$)
, imapa, 000sp	anon 7 sob title (Gee manuchons)	Employer (See Instruction	ons)
9/25/23	Linda Perkins	ate; Zip Code TX 78065	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 12/23	Full name of contributor out-of-state PAC (1D#:_  Linda Leal  Contributor address; City; State PAC (1D#:_  P. D. BOY 15 Pleasandom 7		Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

in the requested who make it is not applicable, bo NOT melade this page in the report.					
The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
Molly Tape Froesbeck Molly Groesbeck Solis	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)				
Date  Full name of contributor  Out-of-state PAC (ID#:)	Amount of contribution (\$)				
David H Emery  Contributor address; City; State; Zip Code  19040 N Burkun St Lyle 7878052	\$50.00				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)				
Date Full name of contributor   out-of-state PAC (ID#:)  Show the contributor address; City; State; Zip Code  24511 Trumby Rd Sandwhung 1324)	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instruc					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	<u> </u>			
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME MOLLYJANG POESTAGE MOLLYGINESTAGE S	rolis	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date 6 Full name of contributor   out-of-state PAC (ID#:	Zip Code 78065 11 Employe	8 Amount of Contribution \$ \$ / 2000  Check if travel outser (FOR NON-JUDICE)	9 In-kind contribution description abobags Advertising (and bagon/logo for Trunker Trade ide of Texas. Complete Schedule T.	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)				
Date  Full name of contributor out-of-state PAC (ID#:	Zip Code 78065	Amount of Contribution \$ \$12.00  Check if travel outs	In-kind contribution description Pork Chops, Cobbler by Campaign Meticine t Dinner ide of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<del></del>		-	
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDL	JLE AS NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

## NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

### SCHEDULE A2

in the requested information is not applicable, bo NOT include this page in the report.							
Th	e Instruction Guide explains how to complete this form	п.	1 Total pages Sched	lule A2:			
2 FILER NAME	Molly Groestade Solis/Melly Taue	Groesbad	3 Filer ID (Ethics Co	ommission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
5 Date	Date  6 Full name of contributor   out-of-state PAC (ID#:)  7 Contributor address; City: State; ZIp Code  1735 Brown Rd Potent TX 78065			In-kind contribution description DucyPlace Side Who Tor Mangage Methodisch Diese of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
12/7/23	Full name of contributor out-of-state PAC (ID#:  CANDI RIVEVO  Sontributor address; City: State;  SHO RUHCOLLRA POKET TX	Zip Code 78045	Amount of Contribution \$  \$/20.  Check if travel outs	I In-kind contribution I description I Rells, Drinks/Lys I for Campaign Dimner I de of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC)	AL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
<u> </u>							
	ATTACH ADDITIONAL CODIES OF T	THE SCHEDI	II E AS NEEDED				

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:
2 FILER NAME MULLY Jaw Froesbeck Muly Groest	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$
5 Date 6 Full name of contributor   out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule T.  11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date    Diange of contributor   out-of-state PAC (ID#:	Amount of Contribution \$\frac{\text{In-kind contribution description}}{\text{description}}\text{Decorations for Campaign Diffusion} \text{Zip Code} \text{Campaign Diffusion} \text{Check if travel outside of Texas. Complete Schedule T.}
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	
If contributor is out-of-state PAC, please see Instruction	on guide for additional reporting requirements.

Forms provided by Texas Ethics Commission www.e

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

			· · · · · · · · · · · · · · · · · · ·				
T	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:			
2 FILER NAMI	Jane Groesbeck/MollyGroesbeck S	21/15	3 Filer ID (Ethics Co	ommission Filers)			
1	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
5 Date 12/97/23	Full name of contributor   out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 1948.50  Check if travel outs	9 In-kind contribution   description Paid for   (AMPAIGN TIGHTS   AFWALOVELSTANS   CHARLES STAND   CHARLES STAND   CHARLES STAND   CHARLES STAND			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	de of Texas, Complete Schedule T. AL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>					
•	ATTACH ADDITIONAL COPIES OF T			n roquiromonto			

## **LOANS**

## SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
MOLLY Jan	3 Filer ID (Ethics Commission Filers)					
,	4 TOTAL OF UNITEMIZED LOANS					
5 Date of loan 7/5/93	7. Name of lender out-of-state F	Personal account	9 Loan Amount (\$) 8550-00			
6 Is lender a financial Institution?	8 Lender address; City; 19941 DocHolicay Dr Lyti	State; Zip Code	10 Interest rate			
Y (N)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , = = = = =	11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Colli	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)			
16 GUARANTOR INFORMATION	17 Name of guarantor	1.	19 Amount Guaranteed (\$)			
v not applicable	State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
8/30/23	Moly Groesbeck Solis		500.00			
ts lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?	19921 DucHollday DY	1x .18029	Maturity date			
	on / Job title (See Instructions)	Employer (See Instructions)	_			
Description of Colla	ateral	Check if personal fund	ds were deposited into political			
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GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
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If le	ender is out-of-state PAC, please see Ins					

## **LOANS**

### SCHEDULE E

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	NITEMIZED LOANS		\$ (			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)			
10/17/23 6 Is lender	Molly Grossbeck Solis	•••••	1000.00			
Is lender a financial Institution?	8 Lendet address; City; 19941 DocHoliday DV	Lythe TX 78052	10 Interest rate  11 Maturity date			
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	<i>O</i>			
14 Description of Col	lateral	15				
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16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state of MWING GYUS BELLE SOUS	PAC (ID#:)	Loan Amount (\$) / 000 - 00			
Is lender a financial Institution? Y	Lender address; 19941 Doc Holiday Dy.	State; Zip Code Ly HeTY 78052	Interest rate  Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
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Principal Occupation	on (See Instructions)	Employer (See Instructions)				
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### LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan Name of lender out-of-state PAC (ID#: Loan Amount (\$) is fender 10 Interest rate a financial istitution? 11 Majority date fincipal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

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ls lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
Y N					Maturity date
Principal occupation	on / Job title (See Instructions	s)	Employer (See	instructions)	
Description of Coll	ateral		Check accour	if personal fund it (See Instructi	s were deposited into political ons)
GUARANTOR	Name of guarantor		<del></del>		Amount Guaranteed (\$)

out-of-state PAC (ID#:\_

City;

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

State; Zip Code

Name of lender

Guarantor address;

Loan Amount (\$)

not applicable

Date of loan

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

#### Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) City; (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name City; State: Zip Code Description **PURPOSE** OF **EXPENDITURE** eck if trave! outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date City; State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount State; Zip Code 8 (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH City; Zip Code ategories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date State; Zip Code PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, afficeholder living expense

Office sought

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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Credit Card Payment			Salaries/Wages/Contract how to complete this		nter a category n	ot listed above)
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9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeh	older name	Office s	ought	Offi	ce held
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### SCHEDULE F1

		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
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8 PURPOSE OF	(a) Category (See  ACCOUNTS	Categories listed at the top of thi	s schedule)	(b) Description Sponsors	rip Bloc	kParty Even
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<u>.</u> .	(c) Checki	travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
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### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of Distric	pment & Related Expense
Credit Card Payment		The Instruction Guide exp			Other (enter a categ	ory not listed above)
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#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 3 Filer ID (Ethics Commission Filers) 4 Date City; State: Zip Code 8 PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date State: Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date City; State: Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedula T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
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Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Filer ID (Ethics Commission Filers) 4 Date City: State: Zip Code sted at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ucatuFoundation Payee address Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date State: Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### 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

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Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a categor

Credit Card Payment	The Instruction Guide explains how to complete this form.					
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Fundrally	Auctin			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 3 Filer ID (Ethics Commission Filers) 4 Date State: Zip Code 8 ies listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expanditure to banefit C/OH Date Payee name PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH City; s listed at the top of this schedule)

Hurstise Expense

Candidate / Officeholder name

PURPOSE OF

EXPENDITURE

Complete <u>ONLY</u> if direct

expenditure to behalfit C/OH

Check if travel outside of Texas, Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Office sought

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Expense Polling morials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense J Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
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6 Amount (\$)	7 Payee address; Potest Commu	nityLivestock+	Fund City;	State;	Zip Code
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	der name	Office sought		Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethlcs Commission Filers) City: State: Zip Code 8 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Camplate ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Tourdayton 1909 Association State; Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office hold

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### SCHEDULE F1

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### SCHEDULE F1

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#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guida explains how to complete this form 1 Total pages\_Sche 3 Filer ID (Ethics Commission Filers) 4 Date State; Zip Code at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date City: Zip Code State: Description PURPOSE **EXPENDITURE** de of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/Cil Date Zip Code **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Fees Solicitation/Fundraising Expense Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Contributions/Donations Made By Transportation Equipment & Related Expense Polling Expense Gift/Awards/Memorials Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Date Zip Code political contributions 8 **PURPOSE** OF **EXPENDITURE** ck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name political contributions PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH 4 Fundraises Amount (\$) Zip Code imbursement from political contributions intended Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel In District Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Date Zip Code eimbursement from political contributions intended 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ayee name Mazin Zip Code political contributions PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Mazon Merchan imbursement from political contributions intended egory (See Categories listed at the top of th **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED