SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gui	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME			OFFICE USE ONLY
Commission to	elect trey Daton	Wollow On Tude	Date Received
Champaigh 10	area mey Durow	WHITEKEED JULY	Waller Co. Elections
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	
ADDRESS	P.D. Box 640 U	Vallor TX musel	JUL 2 8 2022
Change of Address	1 F.O. 1507 CE TO W	coulder the title l	RECEIVED
_		33	RECEIVED
		ï	
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI)	Receipt # Amount \$
NAME	MATHEW	K.	
	NICKNAME LAST	SUFFIX	Date Processed
	Menke		Date imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	HTE #; CITY; STATE;	ZIP CODE
TREASURER STREET ADDRESS	39838 Addi	100000	
(Residence or Business)	246 88 MC101	y will to.	
	VI 10 missalected	TK 47445	
	TUMPSTUCE:	6447	
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX; APT / SU	ITE #; CITY; STATE;	ZIP CODE
MAILING ADDRESS	0 0 0 0	is above	
Change of Address	SAME OF	CS MIDUIC	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	O.O. O.de		
PHONE	(979) 921-941	4	
9 REPORTTYPE	January 15	30th day before election	Exceeded Modified Reporting Limit
	July 15 🔲 8	oth day before election	Dissolution Report (Attached PAC-FR)
- 7,45 8	F	Runoff	10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
OOVERED			
	2 / 20/ 22	THROUGH	le/30/02
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary		her
	11/8/22 =		
	General	Special D	escription
	GO TO P	AGE 2	
			acerte Tital

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	o E	lect Tren Du	han Waller Co. Judge 13	Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper		CANDIDATE	Carbett J DW	on III
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate)/OFFICE HELD (officeholder) Waller County	Judge
(Candidate or Measure OPPOSE (Candidate or Measure)	·	MEASURE	Month	CTION DATE Day Year \$ / 22
ASSIST (Officeholder)			DESCRIPTION	
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OI	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS LES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$
***************************************	4.	TOTAL POLITICAL E	EXPENDITURES	\$ 11,917.28
CONTRIBUTION BALANCE	5.	OF THE REPORTING I		\$ 29,493.06
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$
			nalty of perjury, that the accompanying reporting to be reported by me under Title 15, Electrical Signature of Campaign Treas	etion Code.
(1) Affidavit AFFIX NOTARY STAMP /	SEALAE		Notary Pul	TT J DUHON III olic, State of Texas xpires 12-03-2025 ID 12542580-5
1 1		fore me, by the said		_, this the <u>26</u>
day of	_, 20		ich, witness my hand and seal of office.	1
Signature of officer admi	nisterir			tle of officer administering oath
(2) Unsworn Declarat	ion	1863		
My name is			and my date of birth is	
My address is		(street)	(city) (s	tate) (zip code)(country)
Executed in			, on the day of(month)	
			Signature of Campaign	Treasurer (Declarant)

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

Committee NAME (augain to Elect Trey Duhan Waller Co Judge	ımlssion Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$11,917.28
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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/Memorfals Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica		ting Expense intes/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	v to complete this form.	
1 Total pages Schedule F1:	CAMPAIGN to CLEAFTRU	Dutton WES	3 Filer ID (Ethics Commission Filers)
4 Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TAHSR Texans A	J	Speed Rail State; Zip Code
3000.00	P.D. By 245	Jewett	State; Zip Code TX 8844
	•		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedue)	(b) Description	
\$	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/0/02	KnigNB OF Columb	us	
Amount (\$)	Payee address;	City;	State; Zip Code
210.00	20892 MACK WAShi	ington tempo	slend TX 77445
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Donntion		
	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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	
3/4/22	Classic Event C	nce	
Amount (\$)	Payee address;	City;	State; Zip Code
33.77	Le15 WS 290	Hempst	ead Tr 17445
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Food/Beverax expen	se	
	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/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	DED

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/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	•	ner a category not listed above)
1 Total pages Schedule F1: 4 Date	2 FILER NAME CAMPAIGN TO LIEST TREYS 5 Payer name	whom UCT	ID (Ethics Commission Filers)
3/10/23	DH Washington Stori		
85.00	31207 D L Washington	Ra waller	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***
PURPOSE OF EXPENDITURE	Rental expense	Storage	
j	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	pholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/93/93	Cnic-Fil-a		
Amount (\$)	Payee address;	City;	State; Zip Code
13.43	28644 US 290	Cypress	TX 77433
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food BLYERGY expense	_	ia
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	sholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1
3/09/02	Waller Co. Child We)FAKE Chaecty	8
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	21914 Fluenger Kd.	terme View	NTY 77448
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Woration		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	cholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	·	egory not listed above)
1 Total pages Sahedule F1:		Dulon Lett	nics Commission Filers)
3 30 20 6 Amount (\$)	7 Payee address;	City; State;	Zip Code
500.00	215 14 Fluckniegi R	d. PRINCEVIEW T	× 77448
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Wonation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ving expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/8/83	Chic-Fil-a		
Amount (\$)	Payee address;	City; State;	Zip Code
13.85	28644 US 090	Cypness TK	71433
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverge expense		40
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder li-	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/11/20	Dla Washington Storas	6-	
Amount (\$)	Payee address; 31207 Old WAShington	City; State;	Zip Code
85.00	RISO (DIG MADINITION)	WATEL 19	11484
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Rental expense	Storage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	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
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/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Specule F1:	CAmpaign to elect Reys	3 Filer ID (Ethics Commission Filers)
4/12/22	West I 10 CHamber	
6 Amount (\$) 575.00	7 Payee address; 901 Bains St.	Brodshirt Ty 77423
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Doration	
_ g	(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/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4118/22	Classics CAFE	
Amount (\$)	Payee address;	City; State; Zip Code
33.77 .	Le15 US 09D	Hempsteid TX 7416
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Bulkage	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name र	Office sought Office held
Date	Payee name	
4/01/00	ARIANS	
Amount (\$)	Payee address;	City; State; Zip Code
95.94	31315 FM 2920	Waller + 77484
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Wonation	A+M Sponship
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
	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 Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	gory not listed above)
1 Total pages Schedule F1: 4 Date Amount (\$)	FILER NAME. CAMPOUGH TO STREY 5 Payee Name WALLE CD. ATT CI 7 Payee address;	What WCT 3 Filer ID (Ethic	cs Commission Filers) Zip Code
1,000.00	8481 Bullet Rd	Brokshike TY	77423
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Spanochip		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
412012	Royal ISD FF	A	
Amount (\$)	Payee address:	City; State;	Zip Code
1,000.00	39999 Koyni Kd.	BROXShile TI	x 17423
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Auction	
OF		Description Auction Check if Austin, TX, officeholder livin	ng expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Auction	ng expense Office held
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Auctur Check if Austin, TX, officeholder livin	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Auctur Check if Austin, TX, officeholder livin	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 512190 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Auctur Check if Austin, TX, officeholder livin	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date > 12 20	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Humston Data	Check if Austin, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 512130 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Humston Data	Check if Austin, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 512190 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Houston Oaks Payee address; 2000 Hugan	Check if Austin, TX, officeholder livin Office sought City; State;	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) PURPOSE OF	Category (See Categories listed at the top of this schedule)	City; State; Description	Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Payee address; Category (See Categories listed at the top of this schedule) FOOD BUNCASS Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; State; Description	Zip Code

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesM The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	CAmpaign tollet Kent	March 3 Filer ID (Ethics Commission Filers)	
4 Date	CASA FOR KIS 30.	Pentra / TX	
6 Amount (\$)	7 Payee address;	Brennam TF 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
515102	WCFA Waller Con	inter fair Association	
Amount (\$)	Payee address;	City; State; Zip Code	
1900.00	21988 FM 359	Hempstead TK 77445	
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, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
212/09	WCFA.		
Amount (\$)	Payee address;	City; State; Zip Code	
500.00	21988 Fm 359	Hempstead TX 77445	
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, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
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

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	mplete this form.	,
10114	Campaign to let Tkey		ID (Ethics Commission Filers)
4 Date 5 14 32	Payer name ISD Educk		ation
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
750.00	P.D. 130	brokohin	L+x 77423
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Sponsorship	Auction	-
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/9/22	Texas Burger		
Amount (\$)	Payee address;	City;	State; Zip Code
21.17	1501 W. Commerce St.	Buffinlo	TP 75831
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	V G Young	, Leadership Trip
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
51960	SWA. Southwest	Airlines	
Amount (\$)	Payee address;	City;	State; Zip Code
80.00	2702 borefie la D.	Lallas "	th 12932
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	TRAvel aut of diskid	- VG Young	beadership Trip
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form. Other (enter a category not listed above)	
1 Total pages Schedule F1:	Campaign to lective	3 Filer ID (Ethics Commission Filers)	
4 Date 9-93	5 Rayee hame ChiC-Fil-A		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
40.51	8008 Clocke Spring.	Dalles TK 75235	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Benelage	V6 Young trip	
	(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/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5-9-20	Circa at Foogy	Bottom	
Amount (\$)	Payee address;	City; State; Zip Code	
92.00	2001 I St. NW	Washirston DC 20037	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Bevelage	V6 Youg Trip	
	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/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5-9-22	TRAder Joe's #	le5	
Amount (\$)	Payee address;	City; State; Zip Code	
33.53	1101 2500	Washington DC 20037	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	V6 Youn Trip	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form. Other (enter a category not listed above)	
1 Total pages Schedule 11:		3 Filer ID (Ethics Commission Filers)	
4 Date 5 9 3	5 Payee name Old Washington Sto	Pasc	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
85.00	31207 01d WAShir	notion ica waller TX 77489	1
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Rental	Storage	
	(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/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	_	
5/10/20		Washinston	
Amount (\$)	Payee address;	City; State; Zip Code	
130.00	3236 M.st	WAShington DR. 20001	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Benerage	VG Young Ceadership Tris	7
	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/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/10/32	L'aganto		10
Amount (\$)	Payee address;	City; State; Zip Code	
139.74	200 Massachusts Av.	Washington DC 20003)
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	VG Young Trip	
1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
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 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	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Sofiedule F1:	2 FILER NAME ANDRIAN TO SELECT IRENTALYTY 3 Filer ID (Ethics Commission Filers)			
4 Date 5 111 22	5, Payee name Charletia			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
7.80	1 Independent AV.	Washington DC 20007		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Benerasc	VG Young Trip		
	(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/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5/13/33	Georgitown Piano	Bar		
Amount (\$)	Payee address;	City; State; Zip Code		
225.76	3287 MS+ WU.	Washington De 2008		
	Category (See Categories listed at the lop of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Beverage	16 Young (rip		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held		
Date	Payee name			
5/13/22	Bandota Bow!			
Amount (\$)	Payee address;	City; State; Zip Code		
H1.11	1069 Wisconsin Ave	Washington De 20007		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Beverage	V6 Young Trip		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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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

Credit Card Payment	The Instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Shedule F1:	2 FILER NAME Delect TRUE	Dittocues	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	O_{ϵ}	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
365.52	750 15th NW	WAShinst	or DC 20007
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Breverage	VGY	oung beadership Trip
	(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/Oh	Candidate / Officeholder name 러	Office sought	Office held
Date	Payee name		
5/11c/02	SWA. Southwest	Airlines	
Amount (\$)	Payee address;	City;	State; Zip Code
80.00	2703 Love Fie H. Dr	. Idallas	5 TK 75735
	Category (See Categories listed at the top of this schedule)	Description	1
PURPOSE OF EXPENDITURE	TRAVEL	VG.	forms (4:3
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/16/22	Reservoir ARING	Store VA	
Amount (\$)	Payee address;	City;	State; Zip Code
711.34	Keegn National Airp	pot Arling	toc VA 2000
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverase	V6 4	oun Trip
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	:) ::
1 Total pages Soledyle f1:	2 FILER NAME	3 Filer ID (Ethics Commission Fil	lers)
4 Date 5 16 20	5 Payee name AViator Po	ORKing	
6 Amount (\$)	7 Payee address;	City State; Zip Code	1
105.00	LoveFiela	Dallastx 75%	235
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	rt.
PURPOSE OF EXPENDITURE	TRAVEL	Parking V6 Your	<u>ي</u>
	(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/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/11/20	CIRCO at FOSUBO	Hom	
Amount (\$)	Payee address;	City; State; Zip Code	
31.80	2921 I St. NW	Washinston DC 200	37
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Tow Bevelage	Description VG Young Trip	
OF			
OF	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	VG Young Trip	
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Heup stee	Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 100 000 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Heupstee	Check if Austin, TX, officeholder living expense Office sought Office held	100
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 100 82	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Sally. Hulma	Check if Austin, TX, officeholder living expense Office sought Office held Garden Club MCHCC	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 100 000 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Sally. Hulma	Check if Austin, TX, officeholder living expense Office sought Office held Garden Club MCHCC	100
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 100 000 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Heupstea Payee address;	Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 00 00 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Heupstea Payee address;	Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code	83
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 5 00 00 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Description Were Chack Description	

SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.				
1 Total pages Schodule F1:				
4 Date	5 Payee native Hyatt	J		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
46.97	600 2 Market St.	Sanfortonio TY 18205		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	TRAVEL DUT OF DISTRICT	TDEM Conference		
	(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/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
Le/3/30	Michelinos			
Amount (\$)	Payee address;	City; State; Zip Code		
53.34	501 RULLWAIKST.	SAN AntonioTK 18205		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Beverage	TDEM Conference		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
re/2/22	Menges Hotel			
Amount (\$)	Payee address;	City; State; Zip Code		
40.00	204 Alamo PIAZG	SAN Contonio TY 1800		
	Category (See Calegories listed at the lop of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage	TDEM Conference		
	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	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense
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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

Candidate/Officeholder/Political	I Committee Legal Services Salaries/W		egory not listed above)
Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total priges Schedule f1:	2 FILER NAME TO SLECT TR	3 Filer ID (Ett	nics Commission Filers)
4 Date 9 22	5 Payee name Old WAShington Store	ix.	
6 Amount (\$)	7 Payee address; 31207 DIA Washustova	City; State;	Zip Code 7484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Rental	Storage	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
le 127/02	Chic-Fil-a		
Amount (\$)	Payee address;	City; State;	Zip Code
9.62	25601 Welson Way	1 Testy Ty	7.1494
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Buerage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	8		
Amount (\$)	Payee address;	City; State;	Zip Code
	*		,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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