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 Commission Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI OFFICE USE ONLY NENDRIC D.
IVAIVIE	NICKNAME LAST SUFFIX Waller Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JAN 18 2024 RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (979) AQ1.30%6
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$ NA SHON Date Processed
	NICKNAME LAST SUFFIX Date Imaged EPWAR-PS
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR)
	July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit
10 PERIOD COVERED	Month Day Year Month Day Year A / 8 / 2023 THROUGH / 15 / 74
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) WALLER CD. COMMISSIONER PCT.3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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 TYPE COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS NIA COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS N/A
	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)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 105,778.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0,632.70 \$ My marke
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ \$5,145.92 \$ \$500000000000000000000000000000000000
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
rec	uired to be reported by me under Title 15, Election Code.	`
	Klain D.	glies
	Signature of Candida	ne or Officeholder
	Please complete either option below:	v
(1) Affidavit	LISA LEE MY COMMISSION EXPIRES 06/03/2027 NOTARY ID: 130246615	
NOTARY STAMP/SEA	_	
	before me by Kendric Demonte Jones this the 18	day of January,
	which, witness my hand and seal of office.	Notory
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is	(street) (city) (state	(zip code) (country)
Executed in	(Street)	
	Signature of Candidate/	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME :	mmission Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 969480				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	. SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$ 36, 630.32					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$				

COMMISSIONER JONES BATTLE OF THE BANDS

	3k, 8 ticke	ts, VIP)				的。 第一章			A Dura
No. of Sponsor	First Name	Last Name	Name on Sponsor Board Firm Name Address Email Address Number of Tickets		Amo	ount Due			
-	LJeff	Cannon	Jeff Cannon & Tia Baker	LJA Engineering		tbaker@lja.com	8	\$	3,000.00
	Kim	Sachletben	Costello, Inc. PAC	Costello		ksachtleben@costelloinc.com	8	\$	3,000.00
1	David	Dryden	TNP PAC	INP			8	\$	3,000.00
						Total	24	\$	9,000.00
Promote	r- (\$1500- 6	tickets)							
No. of	First	Last Name	Name on Sponsor Board	Firm Name	Address	Email Address	Number of	Am	nount Due
Sponsor	Name				7,557,555	Emakridarda	Tickets		
Sponsor	Name Ranney	McDonough	Ranney McDonough			kyount@mcetx		\$	1,500.0
1		McDonough			5625 Schumacher, Houston TX 77057	kyount@mcetx	Tickets	\$	1,500.0 1,500.0
1	1 Ranney	McDonough	Ranney McDonough		5625 Schumacher, Houston TX 77057	kyount@mcetx mindy.cernosek@kci.com	Tickets 6	\$ \$	1,500.0 1,500.0 1,500.0
1 1	Ranney DEC PAC	McDonough Moss	Ranney McDonough DEC PAC	McDonough Enginering	5625 Schumacher, Houston TX 77057	kyount@mcetx mindy.cernosek@kci.com bonnie.moss@mbcoengineering.com	Tickets	\$ \$ \$	1,500.0 1,500.0 1,500.0 1,500.0
1 1 1	I Ranney I DEC PAC I KCI PAC		Ranney McDonough DEC PAC KCI PAC	McDonough Enginering KCI MBCO	5625 Schumacher, Houston TX 77057 1505 Highway 6 S, Suite 180, Houston, TX 11767 Katy Fwy, Suite 900	kyount@mcetx mindy.cernosek@kci.com bonnie.moss@mbcoengineering.com mdessens@spi-eng.com	Tickets 6	\$ \$ \$	1,500.0 1,500.0 1,500.0 1,500.0
1 1 1	I Ranney I DEC PAC I KCI PAC I Bonnie	Moss	Ranney McDonough DEC PAC KCI PAC Bonnie Moss	McDonough Enginering KCI MBCO	5625 Schumacher, Houston TX 77057 1505 Highway 6 S, Suite 180, Houston, TX	kyount@mcetx mindy.cernosek@kci.com bonnie.moss@mbcoengineering.com mdessens@spi-eng.com	6 6 0 0	\$ \$ \$ \$	1,500.0 1,500.0 1,500.0 1,500.0 1,500.0
1 1 1 1 1	Ranney DEC PAC KCI PAC Bonnie Mark	Moss Dessens	Ranney McDonough DEC PAC KCI PAC Bonnie Moss Mark Dessens	McDonough Enginering KCI MBCO Schaumburg & Polk, Inc.	5625 Schumacher, Houston TX 77057 1505 Highway 6 S, Suite 180, Houston, TX 11767 Katy Fwy, Suite 900	kyount@mcetx mindy.cernosek@kci.com bonnie.moss@mbcoengineering.com mdessens@spi-eng.com	Tickets 6	\$ \$ \$	1,500.0 1,500.0 1,500.0 1,500.0

Roadie (\$1	L,000)- 4 S	pots				of Amount Due
No. of	First	Last Name	Name on Sponsor Board	Firm Name	Email Address Number	-
Sponsor	Name				Ticket	3
oponoon	ranno					

1 14/0	It & Tay	Poor	Walt & Taylor Sass	Weisser Engineering & S	19500 Park Row, Houston Texas 77084	sbrown@weissereng.com	4	\$	1,000.00
1 Jim		Russ	Jim Russ		1011 Meadowglen, Houston TX 77043	kalbaugh@ehra.team	4	\$	1,000.00
1 Mel		Spinks	Melvin Spinks & Sandra Ortiz	Woolpert			4	\$	1,000.00
1 Sam	mantha H	Harn	Halfff PAC	Halff	14800 Saint Marys Lane, Suite 160, Houston Tx	houstonregistration@halff.com	4	\$	1,000.00
1 Gau			Gaurav Garg	Cascade Civil Services	11750 Katy Freeway, Suite 400, Houston TX	ggarg@cascade-civil.com	4	\$	1,000.0
								\vdash	
								\vdash	
							20	\$	5,000.0

Fan (\$500)- 2 Spots
No. of First Last Name Name on Sponsor Board Firm Name

Email Address Number of Amount Due

No. of	First	Last Name	Name on Sponsor Board	Firm Name		Email Address	Number of	Arr	nount Due
	1 100	Lactitaine	1				Tickets		
Sponsor	Name						2	\$	500.00
1	HR Green		HR Green PAC		ļ	colork@agem.com	2	\$	500.00
1	Spencer	Clark	Spencer Clark	AGICM		sclark@agcm.com	2	\$	500.00
1	Otilia	Gonzales	Perdue Brandon Fielder Collins	Perdue Brandon Fielde	1235 North Loop West, Suite 600 Houston, Texas 77	ogonzales@pbfcm.com	2	\$	500.00
1	Oliver	Salgado	Oliver Salgado	B2Z	900 Threadneedle Street	oliver@b2z.com		\$	500.00
1	Andrew	Paderanga	Andrew Paderanga	RG Miller				\$	500.00
1	Larry	Janak	Larry Janak	IDCUS, Inc.	15915 Katy, Suite 300, Houston TX 77094			\$	500.00
1	Randy	Randermann	Randy Randermann	BGE				\$	500.00
1	Paul	Kwan	Paul Kwan	Landtech, Inc.	2525 North Loop West, Suite 300 Houston Texas 77008	pkwan@landtech-inc.com		\$	500.00
1	Dave	Hamilton	Dave Hamilton	Binkley & Barfield				2 \$	500.00
1	Raj	Basavaraju	Raj Basavaraju	Transcend				2 \$	500.00
1	Jeffrey	Haley	Jeffrey Haley	SiEnvro	6240 Reading Road, Rosenberg	jalexander@sienvcom		- Ψ	
								+	
								+	
							2	0 \$	5,500.00
				Grand Total	Total Sponsorship	\$ 29,50	00.00		

Name	Company	Street	City, State, Zip Code	Phone Number	Occupation	Amount	Check #
Andrew Americus Schatte & Annette Schatte	Americus Holdings, LTD.	5330 Montose BLVD	Houston, Texas 77005	not listed	not listed	\$1,000.00	3128
Darryl B Carter	not listed	4828 Loop Central Suite 600	Houston, Texas 77081	713-422-7102	not listed	\$1,000.00	220
Sam E	not listed	not listed	not listed	not listed	not listed	\$1,000.00	not listed
Troy Allen	GHBA PAC	9511 W Sam Houston Pkwy N	Houston, TX 77064	(281) 970-8970	Association	\$1,000.00	not listed
Borris Miles	not listed	not listed	not listed	not listed	not listed	\$750.00	not listed
Kathryn U Harris & Melvin J Harris	WSB	7942 Feather Springs Drive	Houston, Texas 77095-4438	not listed	Engineering	\$500.00	256
David A Hamilton	Binkley & Barfield DCCM	12315 Woodthorpe Lane	Houston, Texas 77024-4108	713-869-3433	Engineering	\$500.00	586
Adam Earle	EHRA Engineering PAC	10011 Meadowglen Lane	Houston, Texas 77042	713-784-4500	Engineering	\$500.00	1004
Christopher G Canonico	not listed	4321 Jonathan Street	Bellaire, Texas 77401-4609	not listed	not listed	\$250.00	280
not legible	Valverde Family Enterprises, LLC.	11703 Pender Lane	Stafford, Texas 77477	not listed	not listed	\$250.00	2115
Thomas Jones	not listed	not listed	not listed	not listed	Business Owner	\$250.00 \$7,000.00	not listed

Marie of Spoots Test Name Test Name Marie of Spoots Test Name
Name on Sponsor Fram Name Page
Last Name In Sponsoon Last Name In Board Last Name In Board Last Name In Sponsoon Alean Last Name In Sponsoon Rolling In Baker & Jaint Roll In Baker & Jaint Paul Kwan Rolling In Baker & Jaint Rolling In Baker & Jaint Rolling In Baker & Jaint Rolling In Baker & Sam Last Name In Sponsoon Rolling In Baker Bail Pac Cheb Fendley Pac In Paul Pac Baker Engineeri Pac Baker Pac
Last Name Name Natures Name Last Name Cannon T C

Receipt ID	Date	Amount	Recurring T Recurrence Recipient	Fundraising Fundraising Reference (Reference (Donor Fir	st Donor Last	Donor Addr Donor Addr	Donor City	Donor State
AB212819408	1/16/2022 18:54	25	1 Kendric D.	https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	2/16/2022 4:20			https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	3/16/2022 4:21			https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	4/16/2022 4:21	. 50	4 Kendric D.	https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
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AB212819408	7/16/2022 4:03		7 Kendric D.	. https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	8/16/2022 4:03	3 25	8 Kendric D	. https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	9/16/2022 4:03		9 Kendric D	. https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	10/16/2022 4:07		10 Kendric D	. Jhttps://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
AB212819408	11/16/2022 4:06			. J https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
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AB212819408	3/16/2023 4:08	8 2		. J https://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
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AB212819408		8 2	5 16 Kendric D	. Jhttps://secure.actblue.com/page/kendric-djc Kendyll	Locke	2712 Ridge Road North		
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AB262438364			0 1 Kendric D	. Jhttps://secure.actblue.com/page/kendric-djc Emily	Anderson	4807 PIN OAK PARK AP		
AB262829513		.1 10	0 1 Kendric D	https://secure.actblue.com/page/kendric-djc Kenneth	Olive	•		TX
AB262857250			0 1 Kendric D). Jhttps://secure.actblue.com/page/kendric-djc Bryan	Smart			TX
AB262862449). Jhttps://secure.actblue.com/page/kendric-djcThomas	Jones Jr			TX
AB262998553		34 25	1 Kendric D).] https://secure.actblue.com/page/kendric-djc Christop	he Cortinas	0 1		TX
AB268443107		27 10). Jhttps://secure.actblue.com/page/kendric-djc Frank	Jackson		Prairie Viev	
AB270161839		03 15).] https://secure.actblue.com/page/kendric-djc Wash	Jones	20531 Daisy Bloom Ct		TX
AB272257799).] https://secure.actblue.com/page/kendric-djc Jeremiah		P.O. Box 871	Brookshire	
AB27226303			1 Kendric D). Jhttps://secure.actblue.com/page/kendric-djc De'Loris	e Wattley			TX
AB27230254		59 3	1 Kendric I). J https://secure.actblue.com/page/kendric-djc Chris	Burrell	11209 Blue Heron Way		
AB27234723	_			D. J https://secure.actblue.com/page/kendric-djc Jarrick	Brown		Denver	CO
AB27237876				D. J https://secure.actblue.com/page/kendric-djc Kiearra	Adams	8303 Gulftree In	Houston	TX
AB27238881			33 1 Kendric I	D. Jhttps://secure.actblue.com/page/kendric-djc Chadney	Mosley	19515 Otter Trail CT	Katy	TX
ADZ/200001								

AB272395927	1/5/2024 12:29	100	
AB272451230	1/5/2024 19:32	33	
AB272458521	1/5/2024 20:19	1000	
AB272467467	1/5/2024 21:35	33	
AB272671725	1/8/2024 13:59	100	
AB272822109	1/10/2024 11:31	25	
AB272927665	1/11/2024 17:36	250	
AB272931667	1/11/2024 18:21	250	
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1 Kendric D. J https://secure.actblue.com/page/kendric-djc Omar	Alhammou	9757 Katy Fwy APT 191	Houston	TX
1 Kendric D. J https://secure.actblue.com/page/kendric-djc Simeon L	Queen	924 Southwind	Port Arthur	TX
1 Kendric D. J https://secure.actblue.com/page/kendric-djc Rudy	Rasmus	5407 Candlemist Dr	Houston	TX
1 Kendric D. J https://secure.actblue.com/page/kendric-djc Walter	Merrell	2700 Travis Street 204	Houston	TX
1 Kendric D. https://secure.actblue.com/page/kendric-djc Barbara	Fields	1027 Donovan	Houston	TX
1 Kendric D. https://secure.actblue.com/page/kendric-djc Gerard	D'Souza	16626 Hope Farm Ln	Cypress	TX
1 Kendric D. J https://secure.actblue.com/page/kendric-djc Benjamin	Castleberr	y 7722 Melody Circle Ho	Houston	TX
1 Kendric D. https://secure.actblue.com/page/kendric-djc Phyllis	Tidwell	5415 w. harrow dr.	houston	TX

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category not listed above))
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
4 Date 2.10	5 Payee name Joes attalian			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description AtaH 2u Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2.10	buccess			
Amount (\$) 5 a . a 7	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2.13	Emerging 100)		
Amount (\$) 125.∞	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Catulathan / Donation	Description		
	Check if travel outside of Texas. Complete Schedule T.		n, 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 THIS	SCHEDULE AS NEE	EDED	

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

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

Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2.17 SNAPPYS CAFE 6 Amount (\$) 7 Payee address: City: State: Zip Code 32.95 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Meeting OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name WESTIN HOU DWN 2.21 Amount (\$) Payee address: City; State: Zip Code 50.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Parking Feek OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name anotant autast 2.22 Amount (\$) Payee address; City; State: Zip Code 10.65 Category (See Categories listed at the top of this schedule) Description **PURPOSE** En l Dato OF FRID EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought 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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 2.27 6 Amount (\$ STELLA HOTEL 7 Payee address: City; Zip Code 466.60 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Travel aut the Pratruit EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name 2.28 Amount (\$) City; Zip Code Payee address; State: 77.84 Category (See Categories listed at the top of this schedule) Description PURPOSE Travel out the District 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 Payee name US Postal Sorvice Amount (\$) Payee address; City; State; Zip Code 57.50 Category (See Categories listed at the top of this schedule) Description PURPOSE pougn PO Bax Feer OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought 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
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (extension on the listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3.2	6 Payee name Ralin Brun	ield	- 2
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
150.00			1.25. 2
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	j.
PURPOSE OF EXPENDITURE	Contract Jaker		9951
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, 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
3.8	Kierra Mar	ic	
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	1		
	Category (See Categories listed at the top of this so	10-00-00-00-00-00-00-00-00-00-00-00-00-0	
PURPOSE OF EXPENDITURE	Fee / Contract Leb	es lino	1 Meshes
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.9	Xante 2	Vallace	
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	to be the state		
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Fee / Contractor	Loul	Media :
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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/Wades/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	- Time g L	lages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 312	5 Payee name Valet	<u> </u>	***
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fig. Transel	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date 3. 20	Payee name Post Oak X	lee House	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	B
Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
3.25	Payee name Fair Ironds		
Amount (\$) 3,392.50	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Furguesea Exp	Description	2
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries. The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3.25	5 Payee name Prune Maney	te aligan	ujetione
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Furchiser Exp	(b) Description	for Winners
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.25	Barrose Hu	use	
Amount (\$) 373.46	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundamental Exp Check if travel outside of Texas. Complete Schedule T.		for Children n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.25	Mini Sulf	Baskettell	, .
Amount (\$) 649.50	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Functional Exp Check if travel outside of Texas. Complete Schedule T.	Description Planting Check if Austi	for Culdren n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	es/Wages/Contract Labor Other	vel Out Of District er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
4 Date 3.25	5 Payee name Fand		1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,050			±, ±9
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF	Furgueser Exp	Food	
EXPENDITURE	100 Just Cop	,,,,,	
6	(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		:
3.25	Event Brute		
Amount (\$)	Payee address;	City;	State; Zip Code
23.43	ž.		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fordrander Exp	RSVF	2
	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		
3.25	Police office	ers	
Amount (\$)	Payee address;	City;	State; Zip Code
350			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundrances Exp	Xubity	:
	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
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDER)

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
Others (order a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3.25	5 Payee name Event almourton	nel	
6 Amount (\$) 420	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Furgrand Exp (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 3. 25	Payee name Table / Chair &	Exp	
Amount (\$) 930.02	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Furgaciser Exp	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3.25	Waller Country	y Express	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Furdasle Exp	Description	
27	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Tilliang Ex	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3.25	5 Payee name WM Times	,	3
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
253.83			1.44
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundanser Exp		
	(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		
3.25	VIP Area		
Amount (\$)	Payee address;	City;	State; Zip Code
863.D7	į.		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Furgrouser Exp		
	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	Office sought	Office held
Date	Payee name	eq and a	
3.27	BI		
Amount (\$)	Payee address;	City;	State; Zip Code
40			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees ;	Draphics	- 2
	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
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
Foot/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political		inting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Date 3.31	5 Payee name A. galas Cofe		
Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00			
3	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Food Beverege	Meeting	
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
• Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.1	Buccels		
Amount (\$)	Payee address;	City;	State; Zip Code
102.85			
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Trovel in District		
	Check if travel outside of Texas. Complete Sched	fule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.3	PVAMU Bo	ak Store	
Amount (\$)	Payee address;	City;	State; Zip Code
33.75			
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Pringe for Danation		
	Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses present listed above)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Facelook Ad		1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
20.95			5.05.
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fudnaiser Exp	Brandy	r
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		2
4.14	MIAS TABLE		
Amount (\$)	Payee address;	City;	State; Zip Code
40.18	10 m		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Bervang	Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	4	
4.18	Melissa B,	1 Rocleo	
Amount (\$)	Payee address;	City;	State; Zip Code
150.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation:		:
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 THIS	SCHEDULE AS NEI	EDED

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

Candidate/Officeholder/Political Credit Card Payment	Trilling Ex	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/, /9	6 Payee name March Jan Babie	12	
6 Amount (\$) 33.00	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domation	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4.24	Payee name Constant Conte	oret	
Amount (\$) 10.65	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	Calletion
- 87 T II	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4.27	Payee name Classic Cufe	Events	
Amount (\$) 45.87	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food EXP Check if travel outside of Texas. Complete Schedule T.	Description	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense 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
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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 4.28	5 Payee name Melly W		
6 Amount (\$) /00	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Paying A Farrand/ None Aufit	
	(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		
5.1	Dominos		
Amount (\$)	Payee address;	City; State; Zip Code	
60.01			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description For Oreganization	
	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	
5. 3	Payee name		
Amount (\$) 10 9.95	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Torancl aut of District	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/OF	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 Git/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 (expense on not listed above)

Candidate/Officeholder/Politica Credit Card Payment		iges/Contract Labor	Other (enter a category not listed above)
-	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	=	3 Filer ID (Ethics Commission Filers)
4 Date 5.5	6 Payee name		1
6 Amount (\$) 434, 37	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Therefore aut of District (c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 5. 5	Payee name **Mucr		:
Amount (\$) 48.05	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) The self out Dustrust	Description	ne primat
Complete ONLY if direct expenditure to benefit C/OI	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H	Office sought	Office held
Date 5.8	Payee name The Double	Decker	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<u>v</u>	la Bourt Pos.
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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
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

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5. /	5 Payee name Waller Courty 4/11		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Conductor Check if travel outside of Texas. Complete Schedule T.	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.1	Pat		
Amount (\$)	Payee address;	City;	State; Zip Code
50	;		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
5. 15	Payee name Ruth Smi	th	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	÷
Complete Comments	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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
Credit Card Payment

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to committee	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5.18	5 Payee name		
6 Amount (\$) /00	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donton (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5./9 Amount (\$) 33. 33	Payee name SHANLON COLL Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 5. 24 Amount (\$)	Payee name Cherelle Dum Payee address;	Corr	State; Zip Code
250	, 5,00 555,		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee Check if travel outside of Texas. Complete Schedule T.	Description Newselet Check if Austin	n, 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 NEE	EDED

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 (netral extension not listed above)

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	1 2	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5.18	WIX		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
315.78			8949 *
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Websi	<i>t</i> :
OF EXPENDITURE	Expense	Websu	CO
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.20	Shell		
Amount (\$)	Payee address;	City;	State; Zip Code
7.5 C.Commission 1.5 C.	, , , , , , , , , , , , , , , , , , , ,		
95	**		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	= 1 N + +		
OF EXPENDITURE	Trevel in District		* .
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
5.25	The NPS Store		
Amount (\$)	Payee address;	City;	State; Zip Code
45.70			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		1	:
EXPENDITURE	Fee '	Maril E	Expense:
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	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	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 5.26	6 Payee name The Pantry	Brooksh	tu .
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
36.65			green U j
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	tied Exp.		=3.6
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.29	Walet		
Amount (\$)	Payee address;	City;	State; Zip Code
22.00	,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	free		
EXPENDITURE			
~~~~~	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.1	Micheals		
Amount (\$)	Payee address;	City;	State; Zip Code
65.61			
	Category (See Categories listed at the top of this schedule)	Description	s
PURPOSE OF EXPENDITURE	affice Lapplies	Proclan	nton
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

## 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

Candidate/Officeholder/Politica Credit Card Payment	- Trinding E	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.8	5 Payee name Amayon	,	8
6 Amount (\$) 70.00	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Hice Exp	(b) Description	
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		7
6.8	First Class	BBQ	
Amount (\$)	Payee address;	City;	State; Zip Code
20.83			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food		
	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		
6.11	Shelly Walke	7.	" + .
Amount (\$)	Payee address;	City;	State; Zip Code
60			. ve
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Woge		
	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
	ATTACH ADDITIONAL COPIES OF 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

**Event Expense** Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Expense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.5	5 Payee name Office Depat	e un principal	8.2
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
98.75			e ge gala Taran
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	affice lupply		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.6	Kurra Meru	8	
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	2		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	dozi	ral Machie
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.7	thipley !	Da. Nuto	
Amount (\$)	Payee address;	City;	State; Zip Code
49.51			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food / Event	• 1 8m ( ) • ]	AND THE STATE OF T
-	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

# 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 (only for Expense of First a should)

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 6.26	5 Payee name Bucces	a	5
Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Thomas of the District	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1
6,29	Lubuay		
Amount (\$)	Payee address;	City;	State; Zip Code
29.74			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting		
	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.1	Top Teens		
Amount (\$)	Payee address;	City;	State; Zip Code
500			
DURROSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Danotion	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 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 Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Hutel 6.13 Zip Code 7 Payee address; City; 6/14.37 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Conference Townel antide Pis OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 6.16 Volet Amount (\$) Payee address: City; State: Zip Code 40 Category (See Categories listed at the top of this schedule) Description PURPOSE Parking / Event 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 Payee name Constant Contact 6.22 Amount (\$) Payee address: State; Zip Code City; 10.83 Category (See Categories listed at the top of this schedule) Description **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

## 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 Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Prin I Committee Legal Services Sala	ing Expense ting Expense uries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	v to complete this form.	2 Files ID (Fabine Commission Files)
Total pages Schedule F1:	2 FILER NAME	0	3 Filer ID (Ethics Commission Filers)
6.15	7 Payee address:	ty 4 F1	
Amount (\$)	7 Payee address;	City;	State; Zip Code
43.00			1 do
	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description	
PURPOSE			
OF EXPENDITURE	Donation		
-	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.18	Tillian Alex	ionder	
Amount (\$)	Payee address;	City;	State; Zip Code
250	2		
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE	0 +		
OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		17
6.18	BYRON	Ems SR	
Amount (\$)	Payee address;	City;	State; Zip Code
000			
250			62 24
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF EXPENDITURE	Donation		- 100 g
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	in, 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 NE	EDED
	tion Commission was well as the state of the	te ty us	Revised 11/15/

## 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4.23	5 Payee name Brion Raulone	1	- 1 P
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100			en en en
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	n +·		
EXPENDITURE	Danation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.5	Etc Gana	4	
Amount (\$)	Payee address;	City;	State; Zip Code
825	4		*
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Eter Hanna Furbaner	(*	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.10	Burnalys		
Amount (\$)	Payee address;	City;	State; Zip Code
50.83			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Find Meeting		· · · · · · · · · · · · · · · · · · ·
=: #	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	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)
4 Date 7.14	5 Payee name  Brown  Brown	fast Para	ohse	
6 Amount (\$) 27. W	7 Payee address;	City;	State; Zi	p Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Mtg			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expen	se
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
7.14	Joes att	ahors		
Amount (\$)	Payee address;	City;	State; Zi	p Code
83.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Frank My		T.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
7.20	Jerak for t	lauston		
Amount (\$)	Payee address;	City;	State; Zi	p Code
100				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Danation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	e held
	ATTACH ADDITIONAL COPIES OF 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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Filliding Ex	ages/Contract Labor	Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
7.24	Constant Con	toct		* 1
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
12.83			* .	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Laboratation		¥I	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7.24	Bucces			
Amount (\$)	Payee address;	City;	State;	Zip Code
125				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Tranclant of Pustut			,
4	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	)	Office held
Date	Payee name			
7.26	Forment A.	ustra		
Amount (\$)	Payee address;	City;	State;	Zip Code
150			11	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ant of Detrict Conference		7	
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
				Davised 11/15/202

. 10						
LOANS			SCHEDULE E			
If the reques	If the requested information is not applicable, DO NOT include this page in the report.					
\ т	he Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer D (Ethics Commission Filers)			
4 TOTAL OF	UNITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender  ut-of-state i	PAC (ID#:	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occup	pation / Job title (See Instructions)	13 Employer (See Instructions)	Jack, 1959			
14 Description of	Collateral	15 Check if personal fund	ds were deposited into political			
none	\	account (See Instructi	ions)			
16 GUARANTOR INFORMATION			19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code	lot y			
not applica	X					
20 Principal Occi	upation (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAS (ID#:)	Loan Amount (\$)			
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	36 y			
Description of none	Collateral	Check if personal fund account (See Instruct	ds were deposited into political ions)			
GUARANTOR INFORMATION	,		Amount Guaranteed (\$)			
not applica	Guarantor address; City;	State; Zip Code				
Principal Occu	pation (See Instructions)	Employer (See Instructions)				
	ATTACH ADDITIONAL COP	IES OF 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

Candidate/Officeholder/Politica Credit Card Payment	, initing Lx	ages/Contract Labor Other (enter	t Of District er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
4 Date 8. 5	5 Payee name  Waller Courty 7 Payee address;	ceine Stopp	ærs
6 Amount (\$)	7 Payee address;	City; S	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Check if Austin, TX, officeh	older living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8.8	Local tool		
Amount (\$)	Payee address;	City; S	State; Zip Code
46.27	*		
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, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8.141	Buccers		
Amount (\$) 68.94	Payee address;	City; S	state; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel un Dustruct	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### SCHEDULE E **LOANS** If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF\UNITEMIZED LOANS Name of lender Loan Amount (\$) Date of loan out-of-state PAC (ID#:_ 10 Interest rate Is lender Lender address; City; State: Zip Gode a financial Institution? 11 Maturity date N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION State; Zip Code 18 Guarantor address City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#:_ Interest rate City; State; Zip Code Lender address: Is lender a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Outer (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 8.21	5 Payee name East Rines 9	S		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
65.89				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	We III	
PURPOSE OF EXPENDITURE	Meeting / Event Expers	es as se		
-	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8.22	Cuttive Measure	21		
Amount (\$)	Payee address;	City;	State;	Zip Code
500.				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Companyon Exp. Consultry			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8.31	Volot			
Amount (\$)	Payee address;	City;	State;	Zip Code
40				À.
	Category (See Categories listed at the top of this schedule)	Description	1000/2000	
PURPOSE OF EXPENDITURE	Event Expense	148 1293	1-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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

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

Candidate/Officeholder/Political Credit Card Payment	Trining Ex	ages/Contract Labor	Other (enter a categor	
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
4 Date 8.21	5 Payee name Shelly W.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		5 12212 12 12
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8.16	Carol Nemic			
Amount (\$)	Payee address;	City;	State;	Zip Code
100				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	95- 1 , - 56	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 8.19	Houston Block Dem	crats		* vi [*]
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Danation	Description		÷
Complete Children	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/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	ory not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Date 9. //	5 Payee name Jonathan Hill	Daneshter	\$ - T	и 🕉
Amount (\$)	7 Payee address;	City;	State;	Zip Code
40				
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	majorità di P	
PURPOSE OF	Douston			
EXPENDITURE			40.00	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	11 924	tines v 1 B	
9.12	Bucces			
Amount (\$)	Payee address;	City;	State;	Zip Code
113.83				
	Category (See Categories listed at the top of this schedule)	Description	a 26	
PURPOSE OF	1 1. 0. ++			
EXPENDITURE	Trancl in Dustrict	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in redi	W 25 0
- F	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	tribili ses Legis	Office held
Date	Payee name			
9.14	Houston Tenestock	La Pooler	•	
Amount (\$)	Payee address;	City;	State;	Zip Code
300				
	Category (See Categories listed at the top of this schedule)	Description	To the	
PURPOSE OF EXPENDITURE	Donathon	1 - 1 - 4 - 5 C		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
				5 1 144/45/

## 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 M

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	/ages/Contract Labor	Travel Out Of District Other (enter a category)	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
9.19	5 Payee name Cutture Meason	Nes-		4 5
5 Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	* <u>*</u>	2 2
1000	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	= 177	Office held
9.22	Payee name	text		X 1, 2
Amount (\$)	Payee address;	City;	State;	Zip Code
12.80	*			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		9504000 P
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder livin	Office held
9.22	Payee name  MP3 Srup	lice		13 No. 1
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	\$1.75 \$1.75	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	5.0	Office held
	ATTACH ADDITIONAL COPIES OF 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

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

Candidate/Officeholder/Political Credit Card Payment	Committee   Legal Services   Salaries/N   The Instruction Guide explains how to c		er (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethic	s Commission Filers)
4 Date 9.25	5 Payee name			
6 Amount (\$) 232	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Explose Wage  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	officeholder livin	Office held
Date  P. 5	Payee name	nte	XI 6	*, .
Amount (\$) 51.14	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Method  Check if travel outside of Texas. Complete Schedule T.	Description  Check if Austin, TX,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	>	Office held
Date [0.5]	Payee name	urc		3
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,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	=1	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDEL	)	D

### 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 Legal Services 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 Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	es Commission Filers)
4 Date /0.23	5 Payee name patton K	7 7	all 1	784-1
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		= 1
PURPOSE OF EXPENDITURE	wage		<u> </u>	v 2 1
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	1 1 2	Office held
Date	Payee name		8	
10.10	Valet	* 1"		
Amount (\$)	Payee address;	City;	State;	Zip Code
45.63				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expe.	E		
in the second	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	11.17 Sec. 1	Office held
Date	Payee name			
10.25	First Wath			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.64				
BURDOSE	Category (See Categories listed at the top of this schedule)	Description	7)	
PURPOSE OF EXPENDITURE	Meeting	2.333		
1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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/Manes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other terrier a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethica	S Commission Filers)
4 Date 10.30	5 Payee name	, i	Sec. 1 of	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
103.22				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	V	
PURPOSE OF EXPENDITURE	Townel out of Pis.	82		
_	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		n e l'a	
10.5	James p	chlyps	Canala	lela.
Amount (\$)	Payee address;	City;	State;	Zip Code
100				, p. 7
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Furgaiser		- 1- 7 }	* · · · · · · · · · · · · · · · · · · ·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
10.11	It Francis	A second		7
Amount (\$)	Payee address;	City;	State;	Zip Code
100				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event			
·	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/Oh	Candidate / Officeholder name	Office sought	X	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	Davis - 4 44/45/202

### 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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/W  The Instruction Guide explains how to committee the committee of the co	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name  B)'S Restaurant			. ¥ D.
6 Amount (\$) 95.13	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fund Expense / Htg	(b) Description	2	ar aga i u
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	518 ()	Office held
Date	Payee name			
11-1	Bucces			
Amount (\$)	Payee address;	City;	State;	Zip Code
67.39				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Transcl ant of District	Description		Home of A. 1. See
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11.7	PVAMU			
Amount (\$)	Payee address;	City;	State;	Zip Code
32.71				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		2.1.2
OF EXPENDITURE	6HF75			**************************************
N .	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	outer (other a cate	gory not instead above)
1 Total pages Schedule F1:	2 FILER NAME	9	3 Filer ID (Ethi	cs Commission Filers)
4 Date //. 30	5 Payee name  **X** Penney 7 Payee address;			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
300.60				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	= 4)	
PURPOSE OF EXPENDITURE	Donathon of Smit	- wind		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10.24	Judge Dad	han (Walls	r Canty	
Amount (\$)	Payee address;	City;	State;	Zip Code
150				
	Category (See Categories listed at the top of this schedule)	Description	40.00	
PURPOSE OF		and a		
EXPENDITURE	Vanation			* W # 5 P
9	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			F = 1
11.1	Nigel Sulat	Vot		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000				
	Category (See Categories listed at the top of this schedule)	Description	h .	
PURPOSE OF EXPENDITURE	Fundranser Exp	-220 Jugi	<i>[</i> *	
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	Povined 11/15/202

## 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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (expense)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W  The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name  Michenla			98.4
6 Amount (\$) 400 70.54	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder livin	n evnense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date  11.13  Amount (\$)	Payee name  Cutture Measu  Payee address;	City;	State;	Zip Code
500				V73
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consutting Expense	Description	-1	1860 (M) 1870 1870 (M) 1
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	n, TX, officeholder livin	Office held
Date 11.20 Amount (\$)	Payee name  Charity Holf  Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		- 100 %
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (en	ter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer	ID (Ethic	s Commission Filers)
4 Date	5 Payee name 2920 Roodhouse				. 1 2 1
6 Amount (\$)	7 Payee address;	City;		State;	Zip Code
4337.88					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	Famoroiser Event	Strate Territ			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officel	holder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1 101		Office held
Date	Payee name				
12.5	The Collec				
Amount (\$)	Payee address;	City;		State;	Zip Code
300		*			
	Category (See Categories listed at the top of this schedule)	Description	7 . 9		
PURPOSE					
OF EXPENDITURE	Printing Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officer	nolder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	13	1 3	Office held
Date	Payee name				
12.6	M3 Graphia				- 15
Amount (\$)	Payee address;	City;	5	State;	Zip Code
1,811.83					23.24
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	o + c				*
EXPENDITURE	Tembra Exp.				-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeh	nolder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		11_	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### 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
Credit Card Payment

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

Candidate/Officeholder/Political Credit Card Payment		/ages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 2 . 6	5 Payee name Royale 2 nd An	musul		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
203.58				1 7 7 3 hz . h
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		4		
OF EXPENDITURE	went Expen	_		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	*	Office held
Date	Payee name		A	- 20 f
12.7	Cuthere Meas	ala		
Amount (\$)	Payee address;	City;	State;	Zip Code
500				77,72
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	-			
EXPENDITURE		A		The state of
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12.12	Frances			
Amount (\$)	Payee address;	City;	State;	Zip Code
94.58				
DUDDOGE	Category (See Categories listed at the top of this schedule)	Description	A THE STATE OF THE	
PURPOSE OF	Mt			
EXPENDITURE	Therend with		0	rig. red g
	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/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF 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 Legal Services 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	omplete this form.	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	*	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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Printing Expense Tr Salaries/Wages/Contract Labor O

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 complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Tractor supply 12.21 Zip Code 211-15 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Comparign expense (Bolling) OF EXPENDITURE (c) 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 Date Payee name contest landar 12.22 Amount (\$) City; State: Zip Code Payee address; 12.80 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 living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code 126.21 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 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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Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	* 100	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME Wrin D- Jues	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	l do not	expect any further political contributions or political expenditures in connection with m	v candidacy. Lunderstand that			
		ting a report as a final report terminates my campaign treasurer appointment. I also u				
	campaig	gn contributions or make any campaign expenditures without a campaign treasurer ap	pointment on file.			
		1/2	<b>/</b>			
		Signatur	e of Candidate / Officeholder			
		o ignata.				
4	FILER WHO IS NOT AN OFFICEHOLDER  •• Complete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS				
	Check	c only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS				
	Check	k only one:				
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.			
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		S	signature of Candidate			
5 OFFICEHOLDER  •• Complete this section only if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as			
			gnature of Officeholder			