# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST KENDELC		MI (>:	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received Waller Co	. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	PA	CITY: STATE: PAIRIE VIEU	ZIP CODE	SEP 2	2 3 2024 EIVED
Change of Address	AREA CODE	PHONE NUMBER	EXTEN	NON		
5 CANDIDATE/ OFFICEHOLDER PHONE	(149 ) 2a		EXIEN	SION		f or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST NA'SHON		MI	Receipt #	Amount \$
NAME	MOMANAE			SUFFIX	Date Processed	
	NICKNAME	LAST EDWARDS		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( )					
9 REPORT TYPE	January 15	30th day before e	election R	unoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele		ceeded Modified eporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 26 / 24	THROUGH	Month 7	Day Year	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
	11/5	24 General	Special	Description		
12 OFFICE	OFFICE HELD (if any)	SUPLY COMPLICATION	I	SOUGHT (If known	)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CAND	NDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	2	) la		
Additional Pages	GENERAL	COMMITTEE ADDRESS	1	NIA		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	NIA		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	NA		
	GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Y 10	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)	\$ 1937500
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 71,730
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 47,699.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 64,527.82
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	K->nic O	. Just
	Signature of Ca	andidate or Officeholder
	Diseas assembles either entire below	
	Please complete either option belov	v:
)		
SULLY	MCKENZIE KELLEY Notary Public, State of Texas	
(1) Affidavit	My Commission Expires December 10, 2027	
of Off	NOTARY ID 132278589	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by lendre Delones this the	23rd day of September.
20, to certify	which, witness my hand and seal of office.	Lule
0/1	MICHENINE CHAY	
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	·
		state) (zip code) (country)
Executed in	• • •	
myeoned III	County, State of , on the day of(month	h) (year)
	Signature of Candi	date/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co.					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 47.699.8				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$			

# **COMMISSIONER JONES BATTLE OF THE BANDS**

200 of 130 of 13	of First Name	Last Name	Name on Sponsor Board	Firm Name	Address	Phone	Email Address	Number of Tickets	Amount Due
1 Tis	, <u>«</u>	Baker	Jeff Cannon/Tia Baker	ΝΠ	3600 W. Sam Houston S Ste. 600, Houston, TX 77042		thaker@la.com	80	\$ 5,000.00
2 Jay	ay	Morris	Jay Momis	TEDSI	16210 Rolling View Trail, Cypress, TX 77433		imorns@tedsi.com	80	L
6	3 Johan	Petterson	DECPAC	DEC	3100 W. Alabama St., Houston, TX 77098		Johan, Petterson @decorp.com	60	\$ 5,000.00
							Total	24	\$ 15,000,00
TOMO	Promoter (\$3k, 6 tickets, VIP)	ts, VIP)							ш
Spo of in	First Name	Last Name	Name on Sponsor Board	Firm Name	Address	Phone	Email Address	Number of Tickets	Amount Due
1	1 Mindy	Cernosek	KCI Tchnologies PAC	KG	17814 Scarlet Forest Drive, Tomball TX 77377			9	3.000.00
×	2 Katie	Yount	Ranney McDonough/Kabe Yount	McDonough Engineering	S625 Schumacher, Houston, TX 77057		modosough@mectx.com	9	1
3 Jim	im	Russ	EHRA Engineering PAC	EHRA	10011 Meadowglen Ln., Houston, TX 77042		ktaliev@ehra.com	9	\$ 3,000.00
4	4 Melvin	Spinks	Melvin Spinks	Woolpert	11821 Telge Rd, Cypress, TX 77429		sortiz@chittecheng.com	9	
5 V	5 Vickie	Henkel	Vickie & Lyle Henkel	Bowman			whenkel@bowman.com	101	\$ 3,000.00
6 Kim	im.	Sachtelebahn	Pape Dawson Engineers PAC	Pape Dawson	2107 City West Blvd. 3rd Floor, Houston, TX 77042		ksachtlebahn@pape-dawson.com	401	
+								101	\$ 3,000.00
							Total	42	\$ 21,000.00
oadie	Roadie- (\$1500- 4 tickets)	ets)			AND AND ASSESSMENT OF THE PROPERTY OF THE PROP	0.00	The second second	1	
Spo of	First Name	Last Name	Name on Sponsor Board	Firm Name	Address	Phone	Email Address	Number of Tickets	Amount Due
1 2	1 Rvan	Veable	Raba Kistner PAC	Raba Kistner	P.O. Box 690287, San Antonio, TX 78269		ovenable British com	4	\$ 1,500.00
2 C	2 Charles	Eastland	Cobb Fendley PAC	Cobb Fendley				4	1
3 8	3 Randi	Zumwalt	Westwood Political Action Committee	Westwood	2901 Dallas Parkway, Ste. 400, Plano, TX 75093	281-344-7953	randi zumwalt@westwoodps.com	4	П
4	4 Mark	Dessens	Mark Dessens	SPI	14019 Barryknoll, Houston, TX 77079	281-920-0487		7	\$ 1,500.00
2	5 Otilia	Gonzales	& Mott LLP	rdue Brandon Fielder Collins & Mott	rdue Brandon Fielder Collins & Mott 1235 North Loop West, Suite 600 Houston, Texas 77008		ceonsal es@phfcm.com	4	\$ 1,000.00
6 R	6 Randy	Randermann	Randy Randermann	BGE	10777 Westheimer Rd # 400, Houston, TX 77042		rrandermann@beeinc.com	4	\$ 1,000.00
7	7 Oliver	Salgado	Oliver Salgado	822	900 Threadneedle Street		oliver@b3z.com	4	
8	8 Daniel	Signorelli	Danny Signorelli	The Signorelli Group				4	
9 Rich	lich	Mueller	Rich Muller	The Muller Law Group	9.000,000			4	\$ 1,000.00
10			HOMEPAC			5.		4	\$ 2,500.00
=				TNP PAC				4	\$ 1,200.00
12 Jim	E	Russ	EHRA PAC	FHRA	1011 Mandoweller, Houston TX 77043		inec@shake com	4	\$ 1,500.00

First Name Last Name Name on 3  Ray Trandoend Engine Assas Walt & Twandoend Engine Assas Walt &	Name on Sponsor Board Trandcend Engineers & Planners LLC Marin Cistofaro	Firm Name Trandend Engineers & Planners LLC		-			
Cristofaro Taylor Sass	meers & Planners LLC	Trandcend Engineers & Planners LLC	Address	Phone	Email Address	of Tickets	Amount Due
Cristofaro Taylor Sass	v Cristofaro		Trandcend Engineers & Planners LLC 23410 Grand Reserve Dr., Ste 101, Kary, TX 77449	832-492-4499	mi@transcandenginesrs.com	2	\$ 500.00
Sass	CHOROLOGIC	Stuart Consulting	13105 NW Frwy, Ste 1100, Houston, TX 77040	346-241-0400	riche@stvertconsultinegroup.com	2	\$ 500.00
244	Walt & Taylor Sass	Welsser Engineering & Surveying	19500 Park Row, Houston Texas 77084		wsess@weisserene.com	2	
No.	Telfnyn John	Geoscience				2	
Spencer Clark Spen	Spencer Clark	AG CM	3200 Wilcrest, Suite 100, Houston, TX 77042		sciank@ascm.com	2	
6 David Eastwood David	David Eastwood	Geotest				2	- 375
Richy Gonzales LA	LAN PAC	LAN	2925 Brianpark Drive, Suite 400		The second secon	2	
8 Raul Wong Ha	Halff PAC	Halff & Associates	14800 St. Mary's ste 160, houston, tx 77042	936-777-6365	houstonnegistration@halff.com	2	\$ 500.00
9 Bob Lupher Bot	Bob Lupher	Solar Surveying	11111 Katy Frwy, Ste. 910, Houston, TX 77079	281-782-0569	blyphen@@solarfe.com	2	\$ 500.00
10 T Wayne Holcombe Stephan	Stephanie Anderson	Gradient			45,420,000 of 20,530,000,000 of 10,000,000,000,000,000,000,000,000,000,	80	8 \$ 530.00
11 Melani Folkurt Mealn	Mealnie Folkhurt					2	\$ 500.00
Russ	Russ & Rachei					2	\$ 500.00

Total Tickets reserved

144

IN KIND DONATIONS	×	
Description		
Tia - Backdrop	\$ \$	102.00
Tia Lunch	\$	236.00
Jay Morris - Sound		
Taylor Sass- Judge		
Gifts	\$	200.00
Mindy Cernosek -		
Breakfast,		
Charis/Tables	\$	400.00
Sandra Ortiz-		
Printing	\$	600.00
Katie Yount-		·
Decorations/Bar	\$	175.00
Jay Morris- Drinks	\$	100.00
Walt Sass- Drinks	\$	100.00
Jim Russ- Drinks	\$	100.00
Total in Kind	\$	2,013.00
	•	
<u></u>		

Total In-Kind Donations

Number of SponsorTickets Number of Band Tickets Volunteers Individual Tickets

Judges

**Kendric Tickets** 

**Total Tickets Reserved** 

Price Per Person

## **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

	The	instruction Guide explains how	v to complete this	form.	1 Totał pages Schedule A1:	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor	2. 1	C (ID#:)	7 Amount of contribution (\$)	
	4.18	6 Contributor address;	City;	State; Zip Code	500	
8	Principal occu	pation / Job title (See Instructions)	)	9 Employer (See Instruc	otions)	
	Date	Full name of contributor Hulda Jam	out-of-state PAG		Amount of contribution (\$)	
	4.19	Contributor address;	City;	State; Zip Code	2500	
	Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	ctions)	
	Date	Full name of contributor	out-of-state PAG		Amount of contribution (\$)	
	4.18	Contributor address;	City;	State; Zip Code	5000	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	4.18	Contributor address;	City;	State; Zip Code	2500	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	e Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1:
FILER NAME	M H H			3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	Out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
4.18	6 Contributor address;	City;	State; Zip Code	2500
Principal occ	upation / Job title (See Instructions	;)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
4.16	Contributor address;	City;	State; Zip Code	5000
Principal occu	upation / Job title (See Instructions	)	Employer (See Instruc	otions) 11
Date	Full name of contributor	Out-of-state P	AC (ID#:) DYER	Amount of contribution (\$)
4.18	Contributor address;	⊞″ City;	State; Zip Code	750
Principal occu	upation / Job title (See Instructions	) =	Employer (See Instruc	ations)
Date	Full name of contributor	Out-of-state P	AC (ID#:)	Amount of contribution (\$)
4.18	Contributor address;	City;	State; Zip Code	1500
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
		1		
			•	

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

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

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

	The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
_	FILER NAME		¥	3 Filer ID (Ethics Commission Filers)
-	Date .	Relma Castan	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	2500
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	23
_	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
_	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor 📋 out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
				•

## SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Card Payment	,	Vages/Contract Labor	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 2.24	5 Payee name Robert Watson					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
a50 \$						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Modelecti	~~			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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					
2.26	Ledvick					
Amount (\$)	Payee address;	City;	State; Zip Code			
150\$						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	(5)	Freld	Week			
EXPENDITURE	Warge	•				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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					
2.26	2.26 Fredrick Roberto					
Amount (\$)	Payee address;	City;	State; Zip Code			
125\$						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	mage	Marketing	,			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> 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

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 Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salariea/Wi The Instruction Guide explains how to co	ages/Contract Labor  omplete this form.	Other (enter a cates	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer tD (Ethio	es Commission Filers)
4 Date 2.26	5 Payee name		ļļ!	3 1, 3
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20\$				, T a- 1
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	IIE II	a
PURPOSE	a no set			icazan [
OF EXPENDITURE	Denstron			and the set
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder livin	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in	Office held
Date	Payee name			use il
2.26	Eye M.			
Amount (\$)	Payee address;	City;	State;	Zip Code
500 \$				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Punting Exp.	Congo	ingo lit	
=	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	-G(r)	Office held
Date	Payee name	iii		
2.26	Juan V.			
Amount (\$)	Payee address;	City;	State;	Zip Code
104				1
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Danathan.	الله الله الله الله الله الله الله الله		17 - 27 - 22 - 22 - 22 - 22 - 22 - 22 -
969 (9	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
tino tino differentiale del periori di Cap A	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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salariea Salar	emplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	li li	3 Filer ID (Ethics Commission Filers)
4 Date 2.26	5 Payee name Ashtan H	luca	P
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fig.	(b) Description  Marheti	U .
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
Date	Payee name		9
2.26	Melison Ja	sies.	
Amount (\$)	Payee address;	City;	State; Zip Code
25\$			<u>l</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check If travel outside of Texas. Complete Schedule T.	Description  Check if Aust	리, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 2.26	Payee name  Josephine	2 mylatick	-
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.		lin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office neig
	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/Office/holder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME	::	3 Filer ID (Ethics	Commission Filers)
4 Date 2.26	5 Payee name Jaila			~ = !
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<b>{00\$</b>				k a H
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2750	18
PURPOSE OF EXPENDITURE	Fee / Wage	cours	sing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	8	Office held
Date o	Payee name	-	(1) (2)	2.18
2.29	shilby W.			
Amount (\$)	Payee address;	Clty;	State;	Zip Code
150\$				- (6 g
	Category (See Categories listed at the top of this schedule)	Description	п — д	
PURPOSE OF EXPENDITURE	palling Esop	polit	Se conto	with
=37	Check if travel outside of Texas, Complete Schedule T.	Check if Ausl	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	<u> </u>	Office held
Date	Payee name		u[]	
2.28	MS Day	slies		
Amount (\$)	Payee address;	City;	State;	Zip Code
1783.76\$				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Emp	campa	you make	tig .
1.18(1-11)	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
colors and the state of the sta	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

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

ad/Rental Expense
Transportation Equipment & Related Expense
te Travel In District
Travel Out Of District
S/Contract Labor

Transportation Equipment & Related Expense
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date A.27	5 Payee name	Prairie 1	/new
6 Amount (\$) 543.96	7 Payee address;	City;	State; Zlp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transl in District  (c) Check if travel outside of Texas. Complete Schedule T.	نمار	Workers Has-
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name  J. Parp		
Amount (\$)	Payee address;	City;	State; Zip Code
51.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Exp	ampe	myn Httg.
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2.28	PU Must		
Amount (\$)	Payee address;	City;	State; Zip Code
5.81			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food	Description	exer snack
	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/Oh	Candidate / Officeholder name	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saleries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to describe the services of the services	vages/Contract Labor complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME	W	3 Filer ID (Ethics	Commission Filers)
4 Date 3.\	5 Payee name Act Blue		= =1	
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) Check if travel outside of Texas. Complete Schedule T.		e Fie	coc gon
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder living	Office held
Date 3. \	Payee name  Revelue M.			72 pr
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fee	Description	-gr Exp.	No
	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	ni livini Branch	Office held
Date 3.3	Payee name  Musha Kests	'n		
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	yn lit	Peacen
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	-n	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	Action Continues and the Residence of the Continues of th

## 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 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 Salarles/Wages/Contract Labor 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 Huyden Harn 3.4 Zip Code 6 Amount (\$) State; 7 Payee address; 170\$ (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** 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 Payee name Date Stall 3.5 Amount (\$) Pavee address: City; State; Zip Code 95 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 Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3.5 Amount (\$) Payee address; City; State; Zip Code 32.78 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Frank for Wrkers OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Git/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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/ The Instruction Guide explains how to a	Vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Ξ	3 Filer ID (Ethic	s Commission Filers)
4 Date 3. 5	5 Payee name	عوا	111	. F v41
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500 \$				k er d
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 7	28)
PURPOSE OF EXPENDITURE	Commenting Fee	+ 8 at		
	(c) Check if travel outside of Texas. Complete Schedule T.	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		M	ne il
3.7	Talfa Con	ference		2.5
Amount (\$)	Payee address;	City;	State;	Zip Code myn
319.03				4-3 - T
	Category (See Categories listed at the top of this schedule)	Description	Atom "	
PURPOSE OF EXPENDITURE	Event Expense	#D & O n		de
-0 p V	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	FI.	Office held
Date	Payee name			
<b>3.11</b>	HZB			
Amount (\$)	Payee address;	City;	State;	Zip Code
495.56				117 E
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	14 - 24		
	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
alignation of a state of the Albertanian and	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	The second second second

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Travel In District Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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 FRMR Student allege 4 Date 5 Payee name Zip Code 6 Amount (\$) 7 Payee address; 50\$ (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Tractor Lippel 3.5 City; State: Zip Code Amount (\$) Payee address; 75.23 Category (See Categories listed at the top of this schedule) Description PURPOSE OF Expense EXPENDITURE Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Frantes 3.7 Amount (\$) Zip Code Payee address; City; State: 53.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Spieries/Magnet/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Selentes/W  The Instruction Guide explains how to c		Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME	13	Filer ID (Ethics	Commission Filers)
4 Date 3.12	5 Payee name RCS CARNIUAL			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Co  Check If travel outside of Texas. Complete Schedule T.	(b) Description  Paration  Top Tens  Check if Austin, T	~ for TO	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
7.14	Payee name  The Gala			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	5 The 6	- mpaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, T	X, officeholder living	expense Office held
3.15	Payee name	Erente cape	iis 20	William H
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fund  Check if travel outside of Texas. Complete Schedule T.	Description  Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
e en	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED entre ca-proj	

## SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 3.\5	5 Payee name Wuller Country	line	O.	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40.11				
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Pell comp	aren we	kore
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	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		N/	
3.18	Bucces			
Amount (\$)	Payee address;	City;	State;	Zip Code
84.95				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Hao	Town	ر سن ا	strict
	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			
3.21	Hall Harpe	a for X	enate Con	paign
Amount (\$)	Payee address;	City;	State;	Zip Code
125%				
	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	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	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/Baverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 3.22	5 Payee name	ntext		G 98	
6 Amount (\$)	7 Payee address;	City;	State;	Zlp Code	-
12.40	#I				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Free				
a:	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense	lq
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	N.			
3.25	Vber				
Amount (\$)	Payee address;	City;	State;	Zip Code	
176.80					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE	Travel out of District		7 2	al u	
171	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	d exbeuse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				-
3.26	Vbor				
Amount (\$)	Payee address;	City;	State;	Zip Code	
133.56					
	Category (See Categories listed at the top of this schedule)	Description	W.		
PURPOSE OF				11 2000	
EXPENDITURE	Travel out of District	front of PS		PE ==	
	Check if traval 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	1755	Office held	fi .
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## SCHEDULE F1

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

		EXPEND	ITURE CATE	ORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage E Glft/Awards/Mem Legal Services		Office Overl Polling Expo Printing Exp		Transport Travel in t	ation Equipr District It Of District	ng Expense nent & Related Expense ry not listed above)
Credit Card Payment		The Instructi	on Guide explain	s how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer	ID (Ethics	Commission Filers)
4 Date 3.27	5 Payee na	me Pa	ik.n-	fly	<i>€87 –</i> \$*			
6 Amount (\$)	7 Payee ad	ldress;			City;	:	State;	Zip Code
50.16								
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categoriea li	Isled at the lop of this	schedule)	(b) Description	7		
	(c)	Check if travel outsid	e of Texas, Complete S	chedule T.	Check if Austi	in, TX, officel	nolder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officehold	er name		Office sought			Office held
Date	Payee na	ime						
3. ar	!		Bucce	24				
Amount (\$)	Payee ac	ldress;	1		City;	1	State;	Zip Code
258.72								
	Category	(See Categories IIs	sted at the top of this s	ichedule)	Description	,		
PURPOSE OF EXPENDITURE	tho	•			Thanks	for	test x	le Var
		Check if travel outsid	e of Texas, Complete S	chedule T.	Check if Austi	in, TX, officel	noider living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officehold	er name		Office sought			Office held
Date	Payee n	ame				<del></del>		
3.29			Chevro	m t	eV			
Amount (\$)	Payee ac	ldress;			City;	ļ	State;	Zip Code
20.98								
	Category	(See Categories lis	ited at the top of this s	schedule)	Description			-
PURPOSE OF	0							.•
EXPENDITURE	Pall	ng Ey	sehse		Las			
		Check if travel outsid	e of Texas. Complete S	chedule T.	Check if Austi	in, TX, office	nolder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholo	der name	<del></del>	Officer sought			Office held
	AT	TACH ADDITI	ONAL 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/Officerholder/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 Seleting/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Date 3 22	5 Payee name Carlota Armalia		= 31	
3. 23 Amount (\$)				\$ 25 E8
1000\$	7 Payee address;	City;	State;	Zip Code
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- (n <sub>t</sub>	2501.5
OF EXPENDITURE	Event Expense	$x^{3}$	The second	ramba 🖘
W	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	500 0":	Office held
Date	Payee name			5
3. Do	Association a	on the	2	
Amount (\$)	Payee address;	City;	State;	Zip Code
250\$				
	Category (Sea Categories listed at the top of this schedule)	Description	Definition	8 11
PURPOSE OF EXPENDITURE	Fee / Event Expense	Α		TOR X4
24	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			m\$
3   22	Action Rute	ilo		
Amount (\$)	Payee address;	City;	State;	Zip Code
1216.75				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Event Experise	4 7 30		Heriotal Toyaco
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	201	Office held

## SCHEDULE F1

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

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

#### Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Benking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officahoider/Political Committee 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 3.29 6 Amount (\$) 7 Payee address; State: Zip Code 37.48 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3. 22 Amount (\$) Payee address; State; Zip Code 419.56 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Brankshire Band 3,23 Amount (\$) Payee address; City: State: Zip Code 500 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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/Baverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to co	inbiata filis louir		
Total pages Schedule F1:	2 FILER NAME	31(M)	3 Filer ID (Ethi	cs Commission Filers
Date	5 Payee name		acyce s	mili
3.23	jardon Crones			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,000 \$	÷			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0.54	
PURPOSE				
OF EXPENDITURE	Event Expense			
	(C) Check if iravel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	Mila		
3. 24.	Rayal Jr. h	Vh		
Amount (\$)	Payee address;	City;	State;	Zip Code
5001				
	Category (See Categories listed at the top of this schedule)	Description	mittal	
PURPOSE	Del margy			
OF EXPENDITURE	Event Expense			
17 (1994 6977 - 414)	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	BUNU :	EBOV2	
4.1	Texa Ass of		CC	
Amount (\$)	Payee address;	City;	State;	Zip Code
1005				
	Category (See Categories listed at the top of this schedule)	Description	1135	
PURPOSE OF	_			HE:
EXPENDITURE	tuo !			BK1 K1-4983
	Check if travel outside of Texas. Complete Schedula T.	Check if Auslin	, TX, officeholder livin	g expense
a8200m == 1501		. —		

## 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Poliing Expense Travel in District Contributions/Donations Made By Printing Expense Saleries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee 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 6 Amount (\$) 7 Payee address; Zip Code 1,364.03 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4.1 ll PVAMU Amount (\$) City: State: Zip Code Payee address: 142.25 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 Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 4.2 thele PU Amount (\$) Payee address; City; State: Zip Code 80.60 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

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

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

Total pages Schedule F1:	2 FILER NAME	∃≒aus	3 Filer ID (Et	hics Commission Filers
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PURPOSE OF EXPENDITURE	fund Esep.	Meeting	-57	
- 4 6	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder li	ving expense
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Date	Payee name	illin=		
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder liv	ing expense
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	186	Office held

## 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/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Poiling E Glift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Duntam	NCGTC	
	(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		
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Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE OF EXPENDITURE	Wanger	Flyer (	Design
	Check if travel outside of Texas, Complete Schedule T.		in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
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Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE OF EXPENDITURE	Frank 1	Meete	201008 E X
	Check if travel outside of Texas. Complete Schedule 7.	Check if Aus	In, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4.8 6 Amount (\$) 7 Payee address: Zip Code 68.69 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 4.8 Amount (\$) Payee address: State: Zip Code 500 \$ Category (See Categories listed at the top of this schedule) Description **PURPOSE** Commutation Fee **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 Date Payee name ament Amount (\$) Payee address; City; State; Zip Code 200 4 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 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 CA	TEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursamen Office Overhead/Rental Expense Polling Expense Printing Expense Sateries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
Date	Payee name			
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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
Cradit Card Payment

Event Expense
Fees
Food/Beverage Expense
Glift/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

Total pages Schedule F1:	2 FILER NAME	110	3 Filer ID (Ethi	ics Commission Filers
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-88 Mi	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder livi	ing expense
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Date	Payee name	400 and the control of the control o	- on E	
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE	Category (See Categories listed at the top of this schedule)	Description		8 0
OF EXPENDITURE	fue!	Comments	7	tin
= 10, < 11	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	22	Office held

## 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/Benking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Rab W 4. 22 6 Amount (\$) 7 Payee address; State: Zip Code 140 \$ (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Fluger / Digital Median Morkethy **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4.23 Amount (\$) Pavee address: City: State: Zip Code 167.46 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Volunteer Das 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 Date Pavee name Mr. 10 4.26 Amount (\$) Payee address; City; State: Zip Code 56.26 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 Officer 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	(3.113)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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PURPOSE	,,	- 4			
OF EXPENDITURE	Wages	am 6 am ===			
	(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		Office held	N.
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et:	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	) expense	
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	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	A				11
EXPENDITURE	Danation !	1 30 3 55		930EDC []	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ne sky	Office held	, İİ
trinte England (CAS), ille of the State of t	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	Note that the contract of becomes	.cm/kill

## SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office O Food/Beverage Expense Polling I y Gift/Awards/Memodals Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense /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.		
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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Amount (\$)	Payee address;	City;	State; Zip Code	
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	In, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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PURPOSE OF EXPENDITURE	Danation	_ 11		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	in, 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel to District Contributions/Donations Made By GifVAwards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Politicat Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 1.11 NIN9 6 Amount (\$) 7 Payee address; City: State: Zip Code 180\$ 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name The Waller time 4.8 Amount (\$) Payee address: State: Zip Code 481.40 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 flying expense Candidate / Officeholder name Complete **QNLY** if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4. [[ Amount (\$) Payee address; City: Zip Code State: 50\$ 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 Auslin, 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

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

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

Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Cline (enter a relegancy pot listed above)

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	now to complete this lottl.	3 Filer ID (Ethics Commission Filers)
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4 Date 5.	5 Payee name 0430 WALLER	COUNTY TX	
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	(C) Check if travel outside of Texas. Complete Sch	solute T. Check If Aus	tin, 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. a	Alerbucks		
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OF EXPENDITURE	Frank Expense	Mit	
	Check if travel outside of Texas. Complete Sch.		
			tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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	Chack if travel outside of Texas. Complete School	edule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b>	Filer ID (Ethics Commission Filers)
4 Date 5. 6	5 Payee name  UBER		1 .2
6 Amount (\$) 287.50	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel and of District	(b) Description  Afferda	able Housing
996 et go 1879	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held -
Date	Payee name	=4===0	44 II
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Amount (\$)	Payee address;	Clty;	State; Zip Code
75.87			W (1)
	Category (See Categories listed at the top of this schedule)	Description ***	677
PURPOSE OF EXPENDITURE	Fund	A fotosole	ble Houses Conference
WHOTE: W	Check if travel outside of Texas. Complete Schedule T.		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Q/Perco	
5.7	Vher		Y.1
Amount (\$) 65. 61	Payee address;	City; promon	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel ant of Diatrest	Description Afferda	ble Hannig
-5-0 17	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
The State of the S	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 100 aneu 5.7 6 Amount (\$) Zip Code 7 Payee address; City; State: 26.12 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Catture Measure 5.8 Amount (\$) City; State; Zip Code Payee address: 500 \$ 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 held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Submary Prairie View 5.9 Amount (\$) Payee address; State: Zip Code 137# Category (See Categories listed at the top of this schedule) Description **PURPOSE** For for Event EXPENDITURE 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

Office sought

Candidate / Officeholder name

Office held

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundrelsing 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.			Ì	
1 Total pages Schedule F1:	2 FILER NAME	*	3 Filer ID (Ethi	cs Commission Fil	ers)	
4 Date 5.9	5 Payee name Exxun Mable	1012-7		~ =		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	* * * *	
129.16					ent)	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2:11	· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF EXPENDITURE	Transportation	Pell wer	bers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	Ш		15 E		
5.10	Labrary					
Amount (\$)	Payee address;	Clty;	State;	Zip Code	-	
368.74						
	Category (See Categories listed at the lop of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event	Bugg fo	n Lemars	SM 0 8		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	Check if Auslin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	11 (2)				
5.10	Purcham Fr	11488				
Amount (\$)	Payee address;	City;	State;	Zip Code		
44.38				V		
	Category (See Categories listed at the top of this schedule)	Description	2011			
PURPOSE OF EXPENDITURE	Trovel in Dustrut	41.77		- 93		
- 15	Check if travel outside of Yexas, Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	E	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Officer sought	2010	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		77=	

### 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
Conlibutions/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 Prhiling Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses not listed shows)

Cradil Card Payment	The instruction Guide explains how to c	ages/Contract Labor omplate this form.	Other (enter a category not listed	f above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commiss	sion Filers)
4 Date 5. //	5 Payee name	0.32	12	i
6 Amount (\$)	7 Payee address;	Clty;	State; Zip C	ode
121.80			9 5	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Lervices "	P.O. B.	ax	
	(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/OH	Candidate / Officeholder name	Office sought	Office he	ald
Date	Payee name			
5.13	Classic Event	<u>.</u>		
Amount (\$)	Payee address;	City;	State; Zip C	ode
37.19				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Frank Meeting			
	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 he	ld
Date	Payee name			
5.13	Parking Fee			
Amount (\$)	Payee address;	City;	State; Zip Co	ode
201				
=	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Lawre 1	- EA	×	
	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	Officer sought	Office he	eld
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## SCHEDULE F1

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

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

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

Event Expense 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

Solicitation/Fundralsing Expense

Credit Card Payment	The instruction Guide explains how to cor	nplete this form.	······	590(955-57)
Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ett	ics Commission Filers)
Date 5.14	5 Payee name Robert D.		Privat.	Sala I
/00 #	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Pointing Expense	(b) Description		Satura Militaria
=(\$()     =(100)	(C) Check If travel outside of Texas, Complete Schedule T.	Check if Auslin	n, TX, officeholder IIv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
5.14	Payee name  Know LLC	E: 40.38	i d	. 6
Amount (\$)	Payee address;	City;	State;	Zip Code
245 \$				2 12 ° 5
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		H050161
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5.15	Bloomtocking	4.4		4.7
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Canada Categories listed at the top of this schedule)	Description		-000 Mg
	Check if traval outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder livi	no expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	H052408:	Office held
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### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travet In District
Travet Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politice Credit Card Payment		Vages/Contract Labor	Travet Out Of Distric Other (enter a categ		)
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Fil	ers)
4 Date 5. (5	5 Payee name 50 Wullox Cauly	(Alienti		rk.	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	1.0
250\$				de es	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	4 p 5	Y***	······································	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	- 2	Office held	
Date	Payee name				
5.16	M3 Grap	his			
Amount (\$)	Payee address;	City;	State;	Zip Code	
3,300.07					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Exponse	2.0			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	j expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officaholder name	Office sought		Office held	Ш
Date	Payee name				
5.16	Jae attelian				
Amount (\$)	Payee address;	City;	State;	Zip Code	
124.75					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Expenses	500 8		٠.	i
	Check if travel outside of Texas. Complete Schadule T.	Check If Austin	n, TX, officeholder living	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 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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundralsing Expense

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 M3 Graphics 5,20 6 Amount (\$) 7 Payee address; City; State: Zip Code 2890.37 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 5.20 Waller Camtre Amount (\$) Payee address; City; State: Zip Code 1,314.40 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address; State: Zip Code 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 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagas/Confract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politica Credil Card Payment	t Committee Legal Services Salaries/ The Instruction Guide explains how to describe the committee of the com	Vages/Contract Labor	Other (enter a category not listed above)
<u> </u>		1	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5. /3	5 Payee name W/K. com	oli e.e	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
421.75			
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fee / Service"		
	(C) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidațe / Officeholder name	Office sought	Office held
Date	Payee name		
5.21	CVS Phormas	y Waller	?
Amount (\$)	Payee address;	City;	State; Zip Code
45.76			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Event Expense		. :
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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		
5 21	.0 0		
5.21 Amount (\$)	Source address:		
10	Payee address;	City;	State; Zip Code
40.98			lt et
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Event Experse	ent Eggs on	est of the second
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete QNLY 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	Other (enter a category not listed above	(8)
1 Total pages Schedule F1:	2 FILER NAME	X 1.8	3 Filer ID (Ethics Commission F	ilers)
4 Date 5. 21	5 Payee name Walnut H.	empeterd	3/ / L	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	10.5
125.85			7.7.7	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		5
PURPOSE OF EXPENDITURE	Event Expense		92 BH (000202)	
	(C) Chack 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	WE III		
5.22	Canstant	Contact		
Amount (\$)	Payee address;	City; and the se	State; Zip Code	
12.80			4-37	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	office overhead	section of		1
250 Juliu 2229	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officeholder living expense	. 18
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	- my		
5.23	New Yarop Kitche	2	¥	E
Amount (\$)	Payee address;	City;	State; Zip Code	
47.25				1
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Facol for Pall Where	A. Hasa Magara	a. ail a 402	
	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	WE II
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### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (anter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
4 Date 5. 23	5 Payee name Tractor ly	epla	la la	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	4.5
35.97	87			33-11
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Eguspment	a e e		
	(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			
5.22	walmast	Manpate	med .	
Amount (\$)	Payee address;	City;	State; Zip Code	<del></del>
115.46				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Went Expense	Description	1/C= =	
_	Check if Iravel 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			
5.23	M3 Draph	e.e		
Amount (\$)	Payee address;	City;	State; Zip Code	
501.74				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Drophics 1	and Tose		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>QNLY</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.

#### WEXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category

Solicitation/Fundraising Expense

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	Carer (erner a care)	gory flot fisted spove	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethio	s Commission File	ers)
4 Date 5. 24	5 Payee name Puyyer Hut	A COLOR		= 1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	***
52.41				2 147 1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	4		
PURPOSE OF EXPENDITURE	Frank Esp. for Comparing				H
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office held	
Date # 8	Payee name	- 1		1/4	
5.24	Shell PVAMU				38
Amount (\$)	Payee address;	City;	State;	Zip Code	
112.71					11
	Category (See Categories listed at the top of this schedule)	Description	V		4
PURPOSE OF EXPENDITURE	Has for Pall Workers	Jan Land	¥*		
- 5m- mm	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	7	Office held	
Date	Payee name				
5.24	USPS			5.9	
Amount (\$)	Payee address;	City;	State;	Zip Code	
110.50					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Mail Expense	The state of		ini Ago	
gla	Check if travel outside of Texas. Complete Schedule T.	Check If Auslin,	TX, officeholder living	g expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Officer sought	90 y Sin	Office held	
na Karanika samuringa sakilika	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	ni in tali basa sa kajiyan k	nedana

### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.		- · · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Fil	ers)
4 Date 5.28	5 Payee name Shell PV	ocre <del>j.</del>		a X	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
104.32					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	П		Te .
PURPOSE OF EXPENDITURE	Dertak ar Poll inbelors				
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Austic	n, TX, officaholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Ć.	Office held	
Date	Payee name				
5.28	Nicole				
Amount (\$)	Payee address;	City;	State;	Zip Code	
275 \$					
	Category (See Calegories listed at the top of this schedule)	Description	<del></del>		
PURPOSE OF EXPENDITURE	Phone Bombing Fee	7 - <del>15</del> 52 (2)	N.		
	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 0 · C				
5.29	Julian C				
Amount (\$)	Payee address;	City;	State;	Zip Code	****
304					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Dination !	IT# 0		W	
	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 S	SCHEDULE AS NEE	DED		<del></del>

## 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

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

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

Candidate/Officeholder/Politica Credil Card Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to committee the committee of the co	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5.30	5 Payee name Quest		· · · · · · · · · · · · · · · · · · ·
6 Amount (\$) 325	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fix / Makkety	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Check if Austi	n, TX, officeholder living expense Office held
Date	Payee name	1/7	
5.31	Popeyes		=3.
Amount (\$)  76. 70	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Facilifier Pull Where	Description	
(H)	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
5.26	Payee name Culfish Coan	er	4
/500.00 \$	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule)  Food Fee Electron  Check if travel outside of Texas. Complete Schedule T.	Description  Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</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

Event Expense Fees Food/Baverage Expense Glft/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 politisted above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not listed above)	)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission File	ers)
4 Date 5.28	5 Payee name ST. Facurcis				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Doviction	(b) Description	3		
<u></u>	(C) Check if travel outside of Texas. Complete Schedule 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 5.24	Payee name  It Francis				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250#		·	e e	,	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  Dovotion	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	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				
6.5	Greater St	Peters Bo			
Amount (\$)	Payee address;	City;	State;	Zip Code	Ш
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule)	Description		·	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	<del></del>	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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Poillice Credit Card Payment	Committee Legal Services Salaries/M The Instruction Guide explains how to d	Vages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	.10.	3 Filer ID (Ethics Commission Filers)		
4 Date 6. 21	5 Payee name HCCA				
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			
	(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	Payee name	]]])(C = 0	9 II 98/11		
6.5	WAI wrom Pynamin	S. Buch			
Amount (\$) 3,711\$	Payee address;	City;	State; Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	11 = 298131		
OF EXPENDITURE	Marketing Fee / mage	E			
106	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				
6.11	Culture Manues				
Amount (\$)	Payee address;	City;	State; Zip Code		
500					
PURPOSE	Category (See Categories listed at the top of this achedule)	Description	24 7.00 E		
OF EXPENDITURE	Committing Fér				
	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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) Waller Town & Country 4 Date 5 Payee name 6.13 6 Amount (\$) 7 Payee address; Zip Code 80.04 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 6,21 18th Coline Amount (\$) Payee address; City; State: Zip Code 101.40 Category (See Categories listed at the top of this schedule) Description PURPOSE Fue 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 Date Payee name Homaten Parlais 6.24 Amount (\$) Payee address; City; State: Zip Code 20.54 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 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6.24 6 Amount (\$) 7 Payee address; City; Zip Code 40.08 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Micheala 6.24 Amount (\$) Payee address; City; State: Zip Code 37.22 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 Date Payee name 6.26 Amount (\$) Payee address; City: State: Zip Code 563.50 Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, 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

### 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 Sataries/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 d	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Fil	ers)		
4 Date 6.24	5 Payee name	-lite					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	**.		
525#	e e			â,	-1		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		·			
PURPOSE OF EXPENDITURE	consulty Expense	242 14					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	) éxpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidațe / Officeholder name	Office sought		Office held			
Date	Payee name						
4.28	Jh						
Amount (\$)	Payee address;	City;	State;	Zip Code			
200\$					:		
	Category (See Categories listed at the top of this schedule)	Description	<del></del>				
PURPOSE OF EXPENDITURE	Do Consulting Exp. 70	,					
	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						
7.3	Kenath Ra	J					
Amount (\$)	Payee address;	City;	State;	Zip Code			
600#							
	Category (See Categories listed at the top of this schedule)	Description	···				
PURPOSE OF EXPENDITURE	Expense ;	Fund for	& wet	A**			
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	, 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 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	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature	e of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	m 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.					
	В.	ASSETS				
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other income 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	ignature of Candidate			
5		EHOLDER  splete this section <i>only</i> if you are an officeholder ••	el el			
A	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		SI	gnature of Officeholder			