# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME	H T 5		OFFICE USE ONLY
Committee to	tect Trey Duhon Wall	a County Judge	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	Waller Co. Elections
Change of Address	Po Box 640 Wa	aller TX 77884	
	·		RECEIVED  Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS MRS MR	MI	Receipt # Amount \$
NAME	CISA NICKNAME LAST	SUFFIX	Date Processed
	Duhon		Date Imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE
STREET ADDRESS (Residence or Business)	Po Box 640 Wa	eller TX 7	7484
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUI		ZIP CODE
Change of Address	Po Box 640 Wa	aller 1% 7	7484
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (28() 770 - 29	94 EXTENSION	
9 REPORTTYPE	January 15	Oth day before election	Exceeded Modified Reporting Limit
		th day before election	Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	7/1/24	THROUGH	12/31/24
11 ELECTION	ELECTION DATE  Month Day Year Primary	ELECTION TYPE	Mhor
	General		Description
N	GO TO P	AGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

	-				
12 gommittee NAME	eet-	Trey Dulion h	Saler County Tudge	13 Fil	ler ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper complete this report if necessary.)	ar to	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c	officeholder)	
SUPPORT (Candidate or Measu	re)		BALLOT IDENTIFICATION / #		ION DATE
OPPOSE (Candidate or Measu	re)	MEASURE		/	/ay loa
ASSIST (Officeholder)			DESCRIPTION		
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OI	POLITICAL CONTRIBUTIONS (OTHER THA R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	N	\$
	2.	TOTAL POLITICAL ( OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 61,500
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES		\$
***************************************	4.	TOTAL POLITICAL EXPENDITURES		\$ 25,095.58	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL COLOR THE REPORTING F	NTRIBUTIONS MAINTAINED AS OF THE LA PERIOD	AST DAY	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS PORTING PERIOD	OF THE	\$ 60783.50
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under vitle 15, Election Code.  Signature of Campaign Treasurer (Declarant)					
Notary Publ	ic, State on Ession Esper 10, 2 ID 1322	71 197088 Please Co 027 78589	omplete either option below:		
Sworn to and subscrib	ed be	fore me, by the said	isa Duhon		, this the
day of	_, 20	, to certify whi	ch, witness my hand and seal of office	ce.	Y V
Signature of officer adm	inisterir	ng cath Printed a	nne of officer administering oath	Tale	Wotan
organic organicor admi	mistern	ig datii Filitted i	OR	- Ittle	of officer administering cath
(2) Unsworn Declarat	on	.,			g-c
My name is			, and my date of birth is	s	
My address is		(street)	/	· .	· · · · · · · · · · · · · · · · · · ·
Executed in		County, State of	(city) , on the day of (m	onth)	te) (zip code)(country) , 20 (year)
			Signature of C	ampaign Tr	reasurer (Declarant)
The second section in the second section is					

## **SUBTOTALS-SPAC**

### FORM SPAC COVER SHEET PG 3

17	ournitee to Elect Trey Dulion Waller County Judge	mmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$61,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 13,106.54
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 75095.58
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		78

### SCHEDULE A1

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

			<u> </u>
The	Instruction Guide explains how to complete this f	1 Total pages Schedole A1:	
2 FILER NAME	to Elect Trey Dulen Waller	Co. Judge	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	ker )	7 Amount of contribution (\$)
10/4/24	to Elect Trey Dulin Waller  5 Full name of contributor out-of-state PAC ( Russell & Rachael Wall  6 Contributor address; City;  107 Cinnamon Oak Ln Hou	State; Zip Code Stan TX 77079	4 (000)
		Employer (See Instructi	lons)
Date	Full name of contributor out-of-state PAC (	Personal Per	Amount of contribution (\$)
11/7/24	Contributor address; City: 318 Patchester Pr Houston	State; Zip Code	\$ 1500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor Out-of-state PAC (		Amount of contribution (\$)
10/23/24	Contributor address; City; Zo Briar Hollow Ln Houston	State: Zin Code	# 1500
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor Ox  Michael Cox	IDH:)	Amount of contribution (\$)
11/4/24	Contributor address; City;	State; Zip Code TX 17056	#1500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
22.50			

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

## SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out of-state PAC (IDE:  The Muller law Croup PLLC  6 Contributor address; City; State; Zip Code  202 Century Square Sugar land TX 77478	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	
Date	Full name of contributor   out-of-state PAC (ID#)	Amount of contribution (\$)
11/7/24	Heather Nguyen + Shawn Taker  Contributor address; City; State; Zip Code  806 Spear Point Cove Houston TX 77879	\$ 1000
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributer   out-of-state PAC (ID#	Amount of contribution (\$)
16/21/24	David Patterson  Contributor address; City; State; Zip Code  1710 Windy Brook Ln League City Tx 77573	#750
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)  Jay Sears	Amount of contribution (\$)
11/6/24	Contributor address; City; State; Zip Code  8827 W. Sam Howston Play Houston TX 77040  Ste 200	#1500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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 Schemule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (IDA: )  Lingshill Real Estate Services LLC	7 Amount of contribution (\$)		
11/7/24	Lingshill Real Estate Services LLC 6 Contributor address; City; State; Zip Code 23302 Margerstudt Hockley TX 77447	# 250		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Date	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)		
10/11/24	Cale + Kendall Kobza  Contributor address; City; State; Zip Code  21 Lakeside Ln Hockley TX 77447	# 750		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)		
11/25/24	Allen Boone Humphries Robinson LLP  Contributor address; City: State; Zip Code  3200 Southwest Luy Houston TX 77027  Dation / Job title (See Instructions) Employer (See Instructions)	#1500		
	2000 Southwest twy Houston 1x 17027			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
11/12/24		KUSA		
	1303 Campbell Rd Houston TX 77055	4 100		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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## 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:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
11/7/24	Terrance Herinka  6 Contributor address; City; State; Zip Code  Po Box 1188 East Bernard Tx 77435	#750		
	PO DOX 1180 Cast Bernard 1x 191435			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#)  Peter + Susan Houghton	Amount of contribution (\$)		
10/31/24	Contributor address; City; State; Zip Code	#750		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
4/7/24	C. Ewing Ling Contributor address; City; State; Zip Code 1900 W Loop So. Ste 1250 Houston Tx 77027	\$ 1500		
	pation / Job title (See Instructions) Employer (See Instruc			
Date	Full name of contributor	Amount of contribution (\$)		
11/7/24	Brian + Diane Kingshill  Contributor address; City; State; Zip Code  23302 Margerstaelt Hackley TX 77447	#250		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)		

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### 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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Schwartz Page Harding LLP		7 Amount of contribution (\$)
10/11/24	Schwartz Fage Harding 6 Contributor address; City; 1300 Post Oak Ste 2400 Houston	State; Zip Code  TX 77056	# 1500
		9 Employer (See Instructi	ons)
Date	Full name of contributor  ut-of-state PAC		Amount of contribution (\$)
10/23/24	Contributor address; City; 5237 N. Riversich Dr Fort Wort	State; Zip Code	#1500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC Patrick + Esther Flores	(ID#:)	Amount of contribution (\$)
(0/15/24	Patrick + Esther Flores Contributor address; City; 6027 Floyd St Houston	State; Zip Code	# 500
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/24/24	Perdon Brandon Fielder Collins Contributor address; City; 1235 N. Loop. W Houston Ste 600	State; Zip Code TX 77008	#750
Principal occupation / Job title (See Instructions)		Employer (See Instructi	ons)

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### SCHEDULE A1

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

(III. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
The Instruction Guide explains how to complete this form.		1 Total pages Schedy A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (IDN:	7 Amount of contribution (\$)	
11/4/24	David & Katherine Ambrose  6 Contributor address; City; State; Zip Code  23240 Margarstadt Rd Hockley Tx 77447	#1,500	
	pation / Job title (See Instructions)  9 Employer (See Instru		
Date	Full name of contributor   oul-of-state PAC (ID#	Amount of contribution (\$)	
11/7/24	Pamela Andrus  Contributor address; City; State; Zip Code  35 Cary Oaks Lu Hockley TX 77447	#750	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
11/5/24	Scott & Cindsay Aronstein  Contributor address; City; State; Zip Code  2511 Reba Dr Houston TX 77019	# 1500	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
10/24/24	Contributor address; City; State; Zip Code 1401 Woodlands The Purkway Woodlands TX 17380	# 1000	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)	

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### 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 Schoolyle A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID# Lanney & Linda McDonoush	7 Amount of contribution (\$)		
7/23/24 Contributor address; City; State; Zip Code 3 Pin Oak Estates Dr Bellaire Tx 77401	41000		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date Full name of contributor out-of-state PAC (ID#)  Ahard Valdez	Amount of contribution (\$)		
8/29/24 Contributor address; City; State; Zip Code 15310 Skyhill Dr Cypress TX 77433	# 500		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date  Full name of contributor   out-of-state PAC (ID#)  Fether Family Ltd Purtners his	Amount of contribution (\$)		
10/8/24 Contributor address; City; State; Zip Code  800 Bering Pr Houston TX 77057	\$1000		
Principal occupation / Job title (See instructions)  Employer (See Instructions)			
Date  Full name of contributor   out-of-state PAC (10#:)  Steven+ Marci A(vis	Amount of contribution (\$)		
11/7/24 Contributor address: City: State; Zip Code 8827 W. San Houston Houston TX 77040	#6000		
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## 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:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
Gene State  6 Contributor address; City; Kraty TY 77494  33118 Two Haboes Glenn	1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/3/24 Behal Tucles  Contributor address; City; State; Zip Code  P.O. Pork 2822 House Ty 77252	1,500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/15/24 Kelley De Dona & Young Contributor address; City; State; Zip Code B11 Oel monte D. Touston To 77019	5.000.00
Principal occupation / Job title (See Instructions)  Employer (See Instruc	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	1,000.00
SAN HICTORIA 1 18 dlo	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

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## 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 Schedue A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#:    D    24   Plespons   ble Cov. Pac 6 Contributor address; City; State; Zip Code  5005 Riverway Hawton to 7705	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
	90		

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## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/15/24	6 Contributor address; City; State; Zip Code 32604 Cherox Pack	500 00
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See In	
Date	Full name of contributor	Amount of contribution (\$)
10/7/24	Contributor address; City; State; Zip Code	1500.00
	P.O. Por 649 Smootor TK 774	76
Principal occup	eation / Job title (See Instructions) Employer (See In	
Date	Full name of contributor	Amount of contribution (\$)
1114/04	Dave Dandley	1,000.00
	Dave Bansey  Contributor address; City; State; Zip Code  410 Wottmchan Daks  7701	12
Principal occup	eation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state_PAC (ID#:	) Amount of contribution (\$)
10/17/04	EHRA Enginelling Pac Contributor address; City; State; Zip Code	
	Contributor address; City; State; Zip Code 10011 Meadowylen Cn. Houston th	2500.00
Principal occup	eation / Job title (See Instructions) Employer (See In	structions)

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### SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Scheddle A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) Q500.
Date  Full name of contributor  Out-of-state PAC (ID#:)  111234  FUNC-PAC CHBA  Contributor address;  City: State; Zip Code  9511W. Snm Hartn  Further  Further	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)

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### 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:
2 FILER NAME		310 U (1702-18)			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Jenkins Real f  6 Contributor address;  27879 Krezdom Re	out-of-state PAC State F City;	(ID#:_ foldin State; (Cley	ys LLC Zip Code TX 77447	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	lions)
Date	Full name of contributor Fra	] out-of-state PAC	(ID#		Amount of contribution (\$)
11/7/24	Contributor address: 1160 Richonord Ave Ste 350	city: Housto	State;	Zip Code	#1500
7 77	ation / Job title (See Instructions)			oyer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	eation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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 A2:
Committe to Elect Trey Dulin Wallen Co	3 Filer ID (Ethics Commission Filers) Judge
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	JTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:  The Clube at Houston C 7 Contributor address; Steve Alvis State; Z 22602 Heger Rd Hockley TX 7	A Amount of Contribution \$   9 In-kind contribution description   10 In-kind contribution description   10 In-kind contribution   10 In-kind contrib
	Check if travel outside of Texas. Complete Schedule 1.  Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	3 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	Amount of Contribution \$ In-kind contribution for description \$ In-kind contribution for In-kind contributio
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILES 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) State; Zip Code 72.00 tempstead 8 (b) Description tood / Beverage PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH osten Amount (\$) Zip Code 6960 NW Heeway 217.06 Category (See Categories listed at the top of this schedule) **PURPOSE** Event Expense 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 Payee name south Central Texas Cow Culf Clinic Amount (\$) 100.00 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

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Vestin Auctin at 6 Amount (\$) (b) Description 8 **PURPOSE** Travel Out of District OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH lassic Events Amount (\$) State: Zip Code 615 US 290 55.39 Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Amount (\$ Zip Code Description **PURPOSE** food/ beverage Caupoin OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

## SCHEDULE F1

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

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

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

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

	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 20 24	5 Payee name  Des (talian		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
79.41	260 Cottonwood	Heupsteam	e TX 17445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Frod / Severage Exp	Campo	rign ntg
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	950	
12/20/24	Brookshire Brot	ters	
Amount (\$)	Payee address;	City;	State; Zip Code
78-69	300 US 290 Bus. 1	tempsteed	1 TX 77445
	Category (See Categories listed at the top of this schedule)	Description	2001
PURPOSE OF EXPENDITURE	Food Beverage	Retire	mont party
į.	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/OI	<del>1</del>		F803
Date	Payee name		1999
		6	
	Payee address;	City;	State; Zip Code
Date (2(3) 24	Payee name Prosperity Boun	City; Heupstear	
Date (2(3) (24) Amount (\$)	Payee address;	1000000	
Date (2(3) (24) Amount (\$)	Payee name Payee address; 1250 Austin St	Heupster	
Date (2/3 ( 24) Amount (\$) (0.00)  PURPOSE OF	Payee name Payee address;  1250 Austin St  Category (See Categories listed at the top of this schedule)	Description	e TX 77445
Date (2/3 ( 24) Amount (\$) (0.00)  PURPOSE OF	Payee name Payee address;  1250 Austin St  Category (See Categories listed at the top of this schedule)  ———————————————————————————————————	Description	e TX 77445 enkly

## 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/Donations/Dolatical Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12 16 24	5 Payer Bevers Kitche	n	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
87.35	5162 Main St CO	rappell H:	11 Tx 77426
8	(a) Category (See Categories listed at the top of this schedule)	(6) Description	
PURPOSE OF EXPENDITURE	Food/Beverage	Xmas	staff lunch
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		578
12/16/24	Hudson House		
Amount (\$)	Payee address;	City;	State; Zip Code
207.30	1964 W. Gray St	Houston	TX 77019
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage	Carpo	ign meeting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Comptete ONLY if disease			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
		Office sought	Office held
expenditure to benefit C/OF	i sa successi	Office sought	Office held
expenditure to benefit C/OF	Payee name	Office sought	Office held  State; Zip Code
Date 12/19/24	Payee name Ditorio Farms		State; Zip Code
Date 12/19/24 Amount (\$)	Payee name Di Torio Farms Payee address;	City;	State; Zip Code  d TX 77445
Date 12/19/24 Amount (\$)	Payee name Di Torio Farms Payee address; 750 US 290 Bus	City;	State; Zip Code
expenditure to benefit C/OF  Date 12/19/24  Amount (\$)  6.50  PURPOSE OF	Payee name Difforio Farms Payee address; 750 US 790 Bus Category (See Categories listed at the top of this schedule)	City:  Cuystee  Description  Flowers	State; Zip Code  d TX 77445  for retirement
expenditure to benefit C/OF  Date 12/19/24  Amount (\$)  6.50  PURPOSE OF	Payee name Difforio Farms  Payee address;  750 US 790 Bus  Category (See Categories listed at the top of this schedule)  Food   Beverage  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City:  Cuystee  Description  Flowers	State: Zip Code  d TX 77445  s for retirement party

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount 7 Payee address: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Event OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name mazor Amount (\$) Zip Code Payee address; 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Amount (\$) Zip Code PURPOSE OF 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/Banking **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payeg name 6 Amount (\$) Zip Code (b) Description 8 **PURPOSE** Storage - Signs/posts Rental Exp. **OF** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee na Amount (\$) Payee address; Zip Code State: 1100,00 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Amount (\$) Pavee address: Zip Code 113.67 Category (See Categories listed at the top of fi Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Oner (enter a categr	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 2 3 24	5 Payee name Decs	11.00		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
236-60	14315 Roschill Red (	Ypress	TX	77429
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Exp	Prize	s toru	promium / tun
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense Yase
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	91.		
12/4/24	CVS			23433
Amount (\$)	Payee address;	City;	State;	Zip Code
425.00	31013 FM 2920	Waller	Tx	77484
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Event Exp/6ifts	Gift (	cards to	Lunchen
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	ı, TX, officeholder livinş	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date   2   5   2 Y	Payee name Zigos Liquor			
Amount (\$)	Payee address;	City;	State;	Zip Code
340.94	355 us 290 Bus.	Houpstone	l TX	77445
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Exp.	frizes t	tourname	ex/Rundais
1.30	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	э ехрепзе
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Party Committee of the	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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/3/24	5 Payer parine Stuply Storage		
6 Amount (\$)	7 Payee address; 1110 Austin St	Hopstead	State; Zip Code  X 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Restal Exp	(b) Description	ferage
	(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 11/30/24	Prosperity Book	<u>4</u>	
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	1250 Austin St	Heupstood	1 TX 7745
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	fees	Description	entry
OF	$\cap$	bu	enthy
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	bu	0
OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	n, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin	n, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Ducks Unlimite	Check if Austin	n, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date (2 3 2 4  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin	n, TX, officeholder living expense  Office held  State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date (2/3/24)  Amount (\$)  200.00	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  4974 Central Ave	Check if Austin	on, TX, officeholder living expense  Office held  State; Zip Code  LA 7 (203
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date (2/3/24)  Amount (\$)  200.00	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  4774 Central Avc  Category (See Categories listed at the top of this schedule)  Doveton  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	State; Zip Code  LA 71203  wording for scal event

## 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 1/20/24	5 Payee name OSTCO		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
282.45	26960 NW HREWAY	Cypress	TX 7433
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	County	Euplyce Xmas (uncheon
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date . /	Payee name		
11/25/24	Texans Against Hig	h speed	Rail
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	Po Box 245	Jewett	TX 75846
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Sp	on sorship
		Check if Aust	tin, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name		Office held
expenditure to benefit C/OH	Candidate / Officeholder name		Office held
expenditure to benefit C/OH	Candidate / Officeholder name		Office held  State; Zip Code
Date	Payee name  Ama 200	Office sought	
Date	Payee name Payee address;	Office sought  City;  Seattle	State; Zip Code WA 98109
Date LI (26 24  Amount (\$)  PURPOSE	Payee name Awa 2on Payee address;  Yo Terry Ate N Category (See Categories listed at the top of this schedule)	Office sought  City;  Cettle	State; Zip Code WA 98109
Date U(26 24  Amount (\$)	Payee name Awa 200  Payee address;  You Terry Ate N	Office sought  City;  Cettle	State; Zip Code WA 98109
expenditure to benefit C/OH  Date  U(26 24)  Amount (\$)  36,49  PURPOSE OF	Payee name Awa 2on Payee address;  Yo Terry Ate N Category (See Categories listed at the top of this schedule)	Office sought  City;  Seattle  Description  Decor	State; Zip Code WA 98109
expenditure to benefit C/OH  Date  U(26 24)  Amount (\$)  36,49  PURPOSE OF	Payee name  Payee address;  Yo Terry Ate N  Category (See Categories listed at the top of this schedule)  Event Exp  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought  City;  Seattle  Description  Decor	State: Zip Code WA 98109 which for lex Xwas tree

### 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

Travel In District Travel Out Of District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

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) 5 Payee name 4 Date 7 Pavee address: 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event expense **OF EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Memorial Amount (\$) Zip Code 500,00 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 BEC Golf Tournament Amount (\$) Zip Code Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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/Openset

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

Credit Card Payment	The Instruction Guide explains how to	complete 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 (1/8/24	5 Payee name Heapstead (io	15 aub	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
(00.00	945 12th St 1	tempsfeed	TX 77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ion for parcake
PURPOSE OF	Donat	- American	to to parkage
EXPENDITURE	1) macion		SUPPLY
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	0.	
11/12/24	Old Washington Payee address; 31207 Od Washington	Storage	
Amount (\$)	Payee address;	City;	State; Zip Code
95,00	31207 Old Washington	Waller	TX 77489
	Category (See Categories listed at the top of this schedule)	Description	0 %
	Oategory (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Rental Exp.	Storag	se
OF		Stora	TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Stora	
OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Storag	, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dietz Navy	Check if Austin Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  (( (   2   2 Y)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Vietz Navy  Payee address;	Check if Austin Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  (( (   2   2 Y)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dietz Navy  Payee address;  Po Box 491	Check if Austin Office sought  City:  City:  Description	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date ((   2   2 Y)  Amount (\$)  / 50, 800	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dietz Navy  Payee address;  Po Box 491	Check if Austin Office sought  City;  Control  City;  Control  City;  Control  Contr	Office held  Office held  State; Zip Code  TX 77476
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date ((   2   2 Y)  Amount (\$)  / 50, 800	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dietz Navy  Payee address;  Po Box 491  Category (See Categories listed at the top of this schedule)  Donation  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin Office sought  City;  Control  City;  Control  City;  Control  Contr	Office held  Office held  State; Zip Code  TX 77476

## SCHEDULE F1

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

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	eges/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	-3	3 Filer ID (Ethics Commission Filers)
4 Date 11/4/24	5 Payee name Anazon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
43.29	410 Terry Avens	Southle	WA 98109
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event	Than	tsgiving decor
	(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		
4/6/24	Simply Storage		
Amount (\$)	Payee address;	City;	State; Zip Code
65.00	1110 Austin St	Heupstewe	0 TX 77445
3.51190 til V.F	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Rental	S.	torage
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	o, TX, officeholder living expense Office held
EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name		
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Office sought	
Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Carhett T Du	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh  Date  L(/1/24  Amount (\$)	Candidate / Officeholder name  Payee name  Carhett T Du  Payee address;	Office sought  Len at  City:  Waller	State; Zip Code
Complete ONLY if direct expenditure to benefit C/Oh  Date  L(/1/24  Amount (\$)	Candidate / Officeholder name  Payee name  Carhett T Du  Payee address;  Po Box 640	Office sought  Len at  City:  Waller	State; Zip Code
Complete ONLY if direct expenditure to benefit C/Oh  Date  LI/1/24  Amount (\$)  PURPOSE OF	Candidate / Officeholder name  Payee name  Carbett T Du  Payee address;  Po Box 640  Category (See Categories listed at the top of this schedule)	Office sought  Lan at  City:  Waller  Description  Christ	Office held
Complete ONLY if direct expenditure to benefit C/Oh  Date  LI/1/24  Amount (\$)  PURPOSE OF	Candidate / Officeholder name  Payee name  Carbett T Du  Payee address;  Po Box 640  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought  Lan at  City:  Waller  Description  Christ	State; Zip Code TX TTYFY  Final decorations cannex

### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Lebor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 16 28 24	5 Payee name Boxus	ods		
6 Amount (\$) 64.24	7 Payee address; (So3 W. 35th St	Austin	State;	78703
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		W-101
PURPOSE OF EXPENDITURE	Food Beverage	TA	ahsr m	eeting
	(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/OI	Candidate / Officeholder name H	Office sought	(	Office held
Date 10/28/24	Payee name Residence (nn			
Amount (\$)	Payee address;	City;	State;	Zip Code
382,50	625 Commercial US S	cu Marco	s tx	78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Tracel Out of District	Description	Judicio	l Conference
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austi	n, TX, officeholder living o	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	C	Office held
Date 10 28 24	Payee name PF Chang's			
Amount (\$)	Payee address;	City;	State;	Zip Code
83,19	2982 Cold Springs Dr No	ew Braung	stels TX	78130
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Good Beverage	Fall	Judicial	(onterene
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	DED	or of Principles and a company of the Principles

## SCHEDULE F1

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

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

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

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

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date (0/28/24	5 Payer Dack + Ginger			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
68,47	11500B Rock Rose Ave	Austin	TX	78758
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food / Beverage	T	AHSR	
200 10 Kg	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		.,	
10 28 24	Culinary Dropou	t		
Amount (\$)	Payee address;	City;	State;	Zip Code
124.59	11721 Rock Rose Are 1	Austin	TX	78758
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food / Beverage	TA	HISR	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
16 28/24	Bakery Corraine			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.18	11600 Rock Rose Are	Austin	TX	78758
	Category (See Categories listed at the top of this schedule)	Description		En time in
PURPOSE OF EXPENDITURE	Food/Beverage	T	HHSR	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
THE WAY TO SEE THE STREET	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	The second 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 Fees Food/Beverage Expense Good/Beverage Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (other a delogary not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 23 24	5 Payes name Car Grings		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
57.41	1692 Tx 46 Ne	w Braunsto	ls TX 78130
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	02-02-02-02-02-02-02-02-02-02-02-02-02-0
PURPOSE OF EXPENDITURE	Food/Beverage	CJC	A Conference
	(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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/51/54	Schlotzskys #1	153	**
Amount (\$)	Payee address;	City; Bo	State; Zip Code
11.14	1037 S. Walnut Arc	Austria	TX 78130
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food (Beverage	C	t CA Conference
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date C	Payee name		
10/24/24	the Grisfmill		
Amount (\$)	Payee address;	City;	State; Zip Code
168.10	1287 Gruene Rd No	w Brauns	tels TX 78130
	Category (See Categories listed at the top of this schedule)	Description	- (
PURPOSE OF EXPENDITURE	Food Beverage	CICA	t Conterence
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Average and the second	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED III AND

## 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 Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	ory not issued above)
16-131	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 10 16 2Y	5 Payenname Waller County Fai	r Assoc.		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3000,00	21988 FM 359 E	tempstem	d TX	77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Spo	rusorsh	or or other states of the stat
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/24	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
64.93	410 Terry Ave N	Seattle	WA	98109
	Category (See Categories listed at the top of this schedule)	Description		27
PURPOSE OF EXPENDITURE	trant	Halle	weev-	27
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/21/24				
10/10/	Avenida North C	garage		
Amount (\$)	Payee address;	City;	State;	Zip Code
		City;		Zip Code 77003
Amount (\$)	Payee address;	City:	ston Tx	77003
Amount (\$)	Payee address; 701 Aventida De les An	City:	ston Tx	77003
Amount (\$)  22.00  PURPOSE OF	Payee address;  751 Aventida De (as An Category (See Categories listed at the top of this schedule)	City: Crices House Description Park	ston Tx	77003 TAG event
Amount (\$)  22.00  PURPOSE OF	Payee address;  7b1 Aventida De (es An Category (See Categories listed at the top of this schedule)  Travel  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City: Crices House Description Park	ston tx	77003 TAG event

### SCHEDULE F1

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

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date (0/7/24	5 Payer name Heapstead Converce	· Civic As	SOC.	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
600.00	733 12th St	Heupstead	1 TX	77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	00-	waterne la
PURPOSE   OF	Donation	Spma	- Brown	Contract of the last
EXPENDITURE			rcs	tival
	(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/O	Candidate / Officeholder name H	Office sought	2,540	Office held
Date	Payee name	C C		
10/8/24	Classic Events	ate		N.DW
Amount (\$)	Payee address;	City;	State;	Zip Code
24.31	615 US 290 H	tempstead	TX	7745
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/ beverage	Lund	h with	Cantre 1
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	. TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		200	
10/9/24	Old Washington	Horage		
Amount (\$)	Payee address;	City;	State;	Zip Code
95,00	31207 Old Washington	Waller	TX	77484
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Rental exp	Ston	age	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	5 No. 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.03		

### SCHEDULE F1

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

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete 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 24/24	5 Payee name VS			19011
6 Amount (\$)	7 Payee address; \$013 FM Z920	City; Waller	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	cards for	deor prizes
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	O	Office held
Date 9/30/24	Payee name Ana 200			
Amount (\$)	Payee address;	City;	State;	Zip Code
64.89	410 Terry Ave N	Seattle	WA	98109
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		lowen	Costumes
OF		Hal	n, TX, officeholder living e	2/ 2/200
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Hal	n, TX, officeholder living e	2/ 2/200
OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	H al	n, TX, officeholder living e	xpense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Stup (y Storage  Payee address;	H al	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Supply Storage	Check if Austin	n, TX, officeholder living e	xpense office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date / O / 3 /2 4  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Stup (y Storage  Payee address;	Check if Austin	State;	zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  103/24  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Suply Storage  Payee address;  IIO Austust  Category (See Categories listed at the top of this schedule)	City; Heysfear Description Storag	State;	zeyv
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  103/24  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Stayly Storage  Payee address;  IIO Austrust  Category (See Categories listed at the top of this schedule)  Reutal Exp  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City; Heysfear Description Storag	State;  Cary  TX, officeholder living expension, TX	zeyv

### 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		ory not listed above)
1 Total pages Schedule F1:			•	s Commission Filers)
4 Date 9/16/24	5 Payee name Perky Beans 7 Payee address;	Coffee +	PB Ca	(e
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
85.72	2080 N U.S. Hoy 183 (	Lauder	TX	78641
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Beverage	Lune	h with	Consu Hant
	(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 9/16/24	Payee name City of Austin			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.75	301 W 2nd St	Austin	TX	78701
	F 0 5 7 7 7			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ar king	
OF	1 10 A rept to	P	arking.	) expense
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	P		g expense Office held
OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	n, TX, officeholder living	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin	n, TX, officeholder living	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  9/16/24	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dietz Wary	Check if Austin	n, TX, officeholder living	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  9/16/2 Y  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dictz Wary  Payee address;	Check if Austin	n, TX, officeholder living	Office held  Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  9/16/2 Y  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dictz Navy  Payee address;  Po Box 491	Check if Austin	n, TX, officeholder living	Office held  Zip Code  77476
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 9/16/2Y  Amount (\$)  COMPLETE OF THE DIRECT OF THE PROPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Danny Dictz Navy  Payee address;  Po Box 491	Check if Austin Office sought  Cal For City;  Imenter  Description  Spon	n, TX, officeholder living	Office held  Zip Code  77476
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 9/16/2Y  Amount (\$)  COMPLETE OF THE DIRECT OF THE PROPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name Danny Dictz Navy  Payee address;  Po Box 491  Category (See Categories listed at the top of this schedule)  Under Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin Office sought  Cal For City;  Imenter  Description  Spon	state;	Office held  Zip Code  77476

## 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 Gitl/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how to c	complete 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 9/9/24	5 Payee name (d Wushington	Storag	ie
6 Amount (\$)	7 Payee address,	City, V	State; Zip Code
95.00	31207 Old Washington	Waller	TX 77484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Storage
PURPOSE OF EXPENDITURE	Rental	E.	Storage
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date 9/9/24	Payee name Amazon	10 81 075.50	2
Amount (\$)	Payee address;	City;	State; Zip Code
95.14	410 Terry Ave N	Seattle	WA 98109
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event	Halle	ween Decoration
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
P/11/24	Payee name Waller County	fair As	SOC.
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	010CC EM 3C9 1		1 10 00000
	21988 FM 359 E	Heupsteam	e Tx 77445
	Category (See Categories listed at the top of this schedule)	Description	C (X .17942
PURPOSE OF EXPENDITURE		Description	usorslip
PURPOSE OF		Description	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description	nsorslip

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/N  The Instruction Guide explains how to c	ages/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 8 26 24	5 Payongame Lexas Sccretary	of Sta	ito
6 Amount (\$)	7 Payee address; 1019 Bruzos St	City;	State; Zip Code  TX 18701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	fees	Resear	ch on HSR entities
	(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
8/28/2Y	Payee name AM&Zon		
Amount (\$)	Payee address;	City;	State; Zip Code
61.22	410 Terry Ave N	Seattle	WA 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Office byeshed	Description	up lies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
P/5/24	Simply Storage		
Amount (\$)	Payee address;	City;	State; Zip Code
65,00	1110 Austin St	Heupstead	1 TX 77445
	Category (See Categories listed at the top of this schedule)	Description	- 70° ° - 3
PURPOSE OF EXPENDITURE	Kental	54	oraje
	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
Company of the compan	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

## SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete 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 8 (22/24	5 Payor name la SSic Events	Cafe	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
48.64	615 us 290 l	tempstead	TX 7745
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0.1
PURPOSE OF EXPENDITURE	Food Beverage	Lunck	h with reckulas
	(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 8/23/24	Payee name CD Liquor		
Amount (\$)	Payee address;	City;	State; Zip Code
1300.00	6713 FM 359	Brookshir	e TX 77423
	Category (See Categories listed at the top of this schedule)	Description	s for charity soll
PURPOSE OF EXPENDITURE	Donation		nament - donated
	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	Payeo comp		
_ / /	Payee name		
8/21/24	Tipps Liquor		
8 (21 (2 Y Amount (\$)		City;	State; Zip Code
	Tipps Liquor	Heupstean	
Amount (\$)	Tipps Liquor Payee address;	Heupstean	l Tx 77445
Amount (\$)	Tipps Liquer Payee address; 355 us 290 Bus.	Heupstean Description Wize	
Amount (\$) 263. 94  PURPOSE OF	Tipps Liquer Payee address; 355 us 290 Bus.	Description ( Trize tourne	l Tx 77445 For charity golf
Amount (\$) 263. 94  PURPOSE OF	Payee address;  355 us 290 Bus.  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description ( Trize tourne	or charity golf ement - denoted

## SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	mplete 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 8 4 24	5 Payer name Washington S	torage	
6 Amount (\$)	7 Payee address;	City	State; Zip Code
95.00	31207 Old Washington Re	Walter	TX 77484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Rental exp.	Stora	4.00
EXPENDITURE	rection exp.	Jord	90
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
8/12/24	Friends of the	NRA	
Amount (\$)	Payee address;	City;	State; Zip Code
1200.00	22892 Mack Washington	- Hupste	ed TX 77445
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>
PURPOSE			nsordis
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		nsorship
OF		Spo	M Sorslip  TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Spo	
OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Spd Check if Austin	. TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Spd Check if Austin Office sought	. TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date Solve (24)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Aricards of the A  Payee address;	Check if Austin Office sought	. TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date Solve (24)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Ariends of the A	Check if Austin Office sought	TX, officeholder living expense Office held State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date Solve (24)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Aricards of the A  Payee address;	Check if Austin Office sought	TX, officeholder living expense  Office held  State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Of  Date Solve (24)  Amount (\$)	Donation  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  22 492 Mack Washington	Check if Austin Office sought  City; Herystee Description	TX, officeholder living expense  Office held  State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 8 (10 24)  Amount (\$)  1820.00  PURPOSE OF	Donation  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  22 492 Mack Washington	Check if Austin Office sought  City;  Hengsfee  Description	State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date S (10 24)  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  22 492 Mack Weshington  Category (See Categories listed at the top of this schedule)  Donator  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin Office sought  City;  Hengsfee  Description	State; Zip Code  TX TTWS
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date S (10 24)  Amount (\$)  PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  22 492 Mack Weshington  Category (See Categories listed at the top of this schedule)  Donator  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin Office sought  City; Herystee Description  Check if Austin	State; Zip Code  State; TX, officeholder living expense

SCHEDULE F1

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

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

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

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

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

Candidate/Officeholder/Politics Credit Card Payment	The Instruction Guide explains how to d	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date / 5 / 24	5 Payee name (a SSic Events	Cafe	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
156.00	615 us 290 A	tapstead	TX 77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0
PURPOSE OF EXPENDITURE	Food/Beverage	Lunch	for WCSO
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
8 5 24	Horseshoe Ice	House	
Amount (\$)	Payee address;	City;	State; Zip Code
53.75	223 us Bus 290	Heupstean	d Tx 77445
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	Cary	paign mts
	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/Oł	Candidate / Officeholder name	Office sought	Office held
Date 8/2/24	Payee name Walker Area Chaul	per of Cou	where
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	1110 farr St	Walker	TX 77484
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Sponsor slip	Bh	go sponsor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
THE ATTACHES AND A PORT AND A STREET	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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete 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 7/3(24	5 Payee name Posperity Ban	~k	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
16.00	1250 Austin St	Herpsteuch	TX TTYS
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Fees	h.	enting
EXPENDITURE	1ec.	1)4	nking
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/5/51	Simply Storage		
Amount (\$)	Payee address;	City;	State; Zip Code
195.00	1110 Austin St Lt	eupstead	tx TTYY5
	Category (See Categories listed at the top of this schedule)	Description	_
PURPOSE OF EXPENDITURE	Rental exp	Storag	re - Carpaya
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	0.00	Office held
expenditure to benefit C/OF		Office sought	Office Relu
Date 8/2 /2 4			Office Held
Date & 2 2 4 Amount (\$)	Payee name  Barand Ligues  Payee address;		State; Zip Code
Date & 2 2 4 Amount (\$)	Payee name  Barand Ligues  Payee address;	r #13	State; Zip Code
Date 8 / 2 / 2 ¥ Amount (\$)	Payee name  Barand Ligues  Payee address;	r#13 City: Brookshire	State: Zip Code TX 77423
Date 8/2/24 Amount (\$) 703.60 PURPOSE	Payee name  Scrand Liquo  Payee address;  S430 FM 359	City: Brookshire Description Golf +	State: Zip Code TX 77423 Ournament prize
Date 8/2/24 Amount (\$) 703.60	Payee name  Scrand Liquo  Payee address;  S430 FM 359	City: Brookshire Description Golf +	State: Zip Code TX 77423
Date 8/2/24 Amount (\$) 703.60  PURPOSE OF	Payee name  Scrand Liquo  Payee address;  S430 FM 359	City: Brookshire Description Go(6)	State: Zip Code TX 77423 Ournament prize
Date 8/2/24  Amount (\$) 703.60  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  Payee address;  SY30 FM 359  Category (See Categories listed at the top of this schedule)  Direction  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City: Brookshire Description Go(6)	State: Zip Code TX 77423 Ournament prize donated to wcc
Date 8/2/24  Amount (\$) 703.60  PURPOSE OF EXPENDITURE	Payee name  Payee address;  SY30 FM 359  Category (See Categories listed at the top of this schedule)  Direction  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City;  Brookshire  Description  Golf  Check if Austin.	State; Zip Code TX 77423  ournament prize  Lonated to WCC  TX, officeholder living expense

### 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
Consutting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 7/19/24	5 Payee nam Ostco Gas		330 100 - 131	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
43.45	4601 183A	edar Park	Tx	78613
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel district	(b) Description	in wh	consultant
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
7/19/24	Renaissance Hote	(		
Amount (\$)	Payee address;	City;	State;	Zip Code
19,00	9721 Arboretum	Austin	TX	78759
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Food Beverage	Meet	ing of	Consultant
	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
7/26/24	Payee name Pizza Hut			
Amount (\$)	Payee address;	City;	State;	Zip Code
69-39	637 Hwy 290	1 teapstoo	d TX	77445
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Four Beverage	Comm.	Court	ntg
	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/Oł	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (Ethics	Commission Filers)
4 Date 1/15/24	5 Payee name County Cr. 7 Payee address;	inestopp	ers	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	100 R Glenn Swith Pr	Herpstea	dtx	77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Donation	Spo	nsorskij	7
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 7/18/24	Payee name Blue Sushi			
Amount (\$)	Payee address;	City;	State;	Zip Code
128.09	11410 Century Oaks	Austin	TX	78758
	Category (See Categories listed at the top of this schedule)	Description		C
PURPOSE OF EXPENDITURE	Food Beverage	TCDR	S Con	kelence
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
7/19/2Y	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
141.59	4911 1834 (e	dar Park	TX	78613
	Category (See Categories listed at the top of this schedule)	Description		1
PURPOSE OF EXPENDITURE	Food Beverage	TCDRS	5 Conf	erence
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	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				

### 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 GitV/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 d	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethi	ics Commission Filers)
4 Date (0 24/24	5 Payee name Mazon		5.500	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
92.22	410 Terry Aven	Seattle	WA	98109
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event	Hallo	ween (	Costume
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	-279	Office held
Date 60/25/24	Star bucks			SITU
Amount (\$)	Payee address;	City;	State;	Zip Code
11.09	3939 I-35 N Hortage Sa	u Marcos	TX	78666
	Category (See Categories listed at the top of this schedule)	Description		0
PURPOSE OF EXPENDITURE	Food / Brierage	Judi	cial Co	merenco
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10 25/24	Payee name Dogwood Bar ave	d Restau	rant	
Amount (\$)	Payee address;	City;	State;	Zip Code
26.40	11420 Rock Rose Ste	Austin	TX	78701
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Frozel Beverage	T	TAHSR	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	W 2	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

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

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

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

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

Candidate/Officenolder/Politics Credit Card Payment	The Instruction Guide explains how to	o complete 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 7/9/24	5 Payee name Skc/(		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
19,75	1945 Fm 1488	Hengstead TX 77445	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Travel district	Meeting w/ Consultant	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date / /	Payee name		
7/15/24	Old Washington	Storage	
Amount (\$)	Payee address;	City; State; Zip Code	
190.00	31207 Old Washington	led Waller TX TTYSY	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Rental exp.	Storage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
7/15/24	H-E-B #656		
Amount (\$)	Payee address;	City; State; Zip Code	
54.86	28550 US 290	Cypiess TX 77433	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage	Description Cake for retirement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF 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 Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$ Hempstead 50.88 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ord Beverage **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 1)a (wart Amount (\$) Payee address; Zip Code 13337 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, Tk, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code 20.57 485 US 210 Bus 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

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

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/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, in any	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/24	5 Payee nambett J Duha	~ 14	
6 Amount (\$) \$5058	7 Payee address;  Payee Address;  Payee Address;	City; Waller	State; Zip Code TX T7484
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Reinbut sevent for  Cardidate expenses	(b) Description	\$10,11441 aved
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
125	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Separation of the Contract of	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED