

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 COMMITTEE NAME

Committee to Elect Trey Duhon Waller County Judge

OFFICE USE ONLY

Date Received

Waller Co. Elections

JUL 17 2025

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Po Box 640 Waller TX 77484

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Lisa

NICKNAME

LAST

SUFFIX

Duhon

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Po Box 640 Waller TX 77484

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Po Box 640 Waller TX 77484

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 770-2994

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Exceeded Modified Reporting Limit

☒ July 15

☐ 8th day before election

☐ Dissolution Report (Attached PAC-FR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD
COVERED

Month Day Year

Month Day Year

1 / 1 / 25

THROUGH

6 / 30 / 25

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☐ General

☐ Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

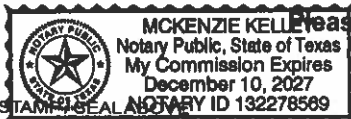
12 COMMITTEE NAME <u>Committee to Elect Trey Duhon Walker County Judge</u>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <u>Carlott "Trey" J Duhon III</u> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Walker County Judge</u> BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>40,700.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>26,033.02</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>68,615.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 SIGNATURE 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 Title 15, Election Code.

Lisa Duhon
Signature of Campaign Treasurer (Declarant)

(1) Affidavit Please complete either option below:
AFFIX NOTARY STAMP AND SEAL



Sworn to and subscribed before me, by the said Lisa Duhon, this the 17th day of July, 20 25, to certify which, witness my hand and seal of office.

Mckenzie Kelley Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME <i>Committee to Elect Trey Dubon Waller County Judge</i>		18 Filer ID (Ethics Commission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>38,700</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,000</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>26,033.02</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 1 of 9
2 FILER NAME Campaign to elect Trey Dutton CJ		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raj Basavaraju	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 20914 Velvet Wings Dr. Cypress TX 77433		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Spencer / Kenzie Clark	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 1812 Agoulea + Hills Houston TX 77080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Colton Fendley PAC	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 4424 W. Sam Houston TX 77041 Houston Pkwy N.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Hidi Criswell	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 525 Wimberly Circle TX 77415 Hempstead		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E H R A Engineering PAC 6 Contributor address; City; State; Zip Code 10011 Meadowglens Houston TX 77042	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK A. Gehring Contributor address; City; State; Zip Code 5714 Ashley Spring Katy TX 77494	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea A. Gibson Contributor address; City; State; Zip Code 6003 Riverchase Village Kingwood TX 77345	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-20-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H B Green PAC Contributor address; City; State; Zip Code 11011 Richmond Av Houston TX 77042	Amount of contribution (\$) 2,500.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY JANAK 6 Contributor address; City; State; Zip Code 19215 Cohen Green Lane Houston TX 77094	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KCI Texas PAC Contributor address; City; State; Zip Code 2806 W. Ritters Rd San Antonio TX 78248	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jason Kelly Contributor address; City; State; Zip Code 29734 Equestrian View Richmond TX 77406	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul P. Kwan Contributor address; City; State; Zip Code 13423 Amber Queen Ln Houston TX 77041	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 4 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUSSEFA LAHAM 6 Contributor address; City; State; Zip Code 23230 Summers Creek Katy TX 77494	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcello / Angela Moore Jr Contributor address; City; State; Zip Code 5719 Martinique Pass Sugarland TX 77499	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin / Judith Minedo Contributor address; City; State; Zip Code 870 W. 48th Houston TX 77018	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAPA-Dawson Engineers PAC Contributor address; City; State; Zip Code 2000 W.W Loop 410 San Antonio TX 78213	Amount of contribution (\$) 1,500.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rich Patrick	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 21310 Lochmere Ln. Katy TX 77450		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johan Peterson	Amount of contribution (\$) 700.00
Contributor address; City; State; Zip Code 18618 Bridle Grove Ct. Tomball TX 77377		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bandy Randermann	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4880 James Ln. Fulshear TX 77441		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Oliver / Jamie Salgado	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3103 Lakes of Katy Katy TX 77493		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER / JOYCE SASS 6 Contributor address; City; State; Zip Code 2101 Autumn Lakes Katy TX 77450	7 Amount of contribution (\$) 1,600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles / Julie Smoak Contributor address; City; State; Zip Code 19 Planchard Spring TX 77382	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Sunderwala Contributor address; City; State; Zip Code 16602 Arbor Oak Cypress TX 77433	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TWP Political Action Group Contributor address; City; State; Zip Code 5237 N. Riverside Fort Worth TX 76131 Suite 100	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 9

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 (\$)

4/4/25

Ahmed Valdez

Contributor address; City; State; Zip Code
153310 Skypill Dr. Cypress TX 77433

1500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

4/5/25

Russell / Rachael Walker

Contributor address; City; State; Zip Code
107 Cinnamon Oak Houston TX 77079

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

4/3/25

IEA PAC

Contributor address; City; State; Zip Code
18383 Barton Rd Dallas TX 75252
#500

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

6/6/25

WoodRect, Inc. PAC

Contributor address; City; State; Zip Code
4454 Eden Center Beauvoir OH 45430

1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rin O'Neill or Ashton Binkley 6 Contributor address; City; State; Zip Code 3014 S Hildredale Hlwy TX 77043	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Hamilton Contributor address; City; State; Zip Code 12315 Woodthorpe Houston TX 77024	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel / Shelley Gozans Contributor address; City; State; Zip Code 20519 Cajon Canyon Ct Katy TX 77450	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: The Muller Law Group Contributor address; City; State; Zip Code 202 Century Square Blvd Sugarland TX 77478	Amount of contribution (\$) 1,500.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1 9 of 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Westwood Political Action	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2805 Dallas Pkwy PLANO TX 75093 Suite 150		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TSVC, Inc. Political Action	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 10841 S. Ridgeview Rd. Olathe KS 66061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julia + Cadence Morris	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 16210 Rollingview Trail Cypress TX 77433		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adam Earle	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5719 Arbor Breeze Ct Katy TX 77450		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:	
2 FILER NAME <i>Committee to Elect Trey Duhon Waller County Judge</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <i>4/4/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cody Bathe</i>		8 Amount of Contribution \$ <i>\$2000</i>		9 In-kind contribution description <i>Facility rental for fundraiser</i>
7 Contributor address; City; State; Zip Code <i>575 N. Dairy Ashford Houston TX</i>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 28		2 FILER NAME Campaign to Elect Trey Duhon		3 Filer ID (Ethics Commission Filers)	
4 Date 1/13/25		5 Payee name Pizza Hut			
6 Amount (\$) 106.27		7 Payee address; 637 Hwy 290		City; Hempstead	State; Tx
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Exp.		(b) Description lunch for WCSO employees	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 1/9/25-6/9/25		Payee name Old Washington Storage			
Amount (\$) \$570		Payee address; 31207 Old Washington		City; Waller	State; Tx
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Rental Exp.		Description Storage - Campaign \$95/mo x 6 months	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 1/3/25-6/3/25		Payee name Simply Storage			
Amount (\$) 390		Payee address; 1110 Austin St		City; Hempstead	State; Tx
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Rental Exp.		Description Storage - Campaign \$65/mo x 6 months	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 1/8/25		5 Payee name Knights of Columbus			
6 Amount (\$) 100.00		7 Payee address; 22892 Mack Washington		City; Hempstead TX	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description KC Hall rental		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 1/9/25		Payee name Joe's Italian			
Amount (\$) 40.32		Payee address; 260 Cottonwood		City; Hempstead	State; TX
Zip Code 77445					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 1/14/25		Payee name WLBBC			
Amount (\$) 200.00		Payee address; Waller High School		City; Waller	State; TX
Zip Code 77484					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Girls Soccer team Sponsorship		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 2/10/25		5 Payee name: Pinks Pizza			
6 Amount (\$): 34.97		7 Payee address: 1009 Moy St		City: Houston	State: TX Zip Code: 77007
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food/Beverage Exp.		(b) Description: Travel to NARC Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 2/10/25 - 2/12/25		Payee name: Uber			
Amount (\$): 163.60		Payee address: 1725 3rd St		City: San Francisco	State: CA Zip Code: 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Exp.		Description: NARC Conference Washington DC		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 2/10/25		Payee name: Walgreens			
Amount (\$): 37.09		Payee address: Union Station 50 Massachusetts Ave		City: Washington DC	State: Zip Code: 20002
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Travel Out of District		Description: food for hotel		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 2/11/25		5 Payee name: Chic-fil-A			
6 Amount (\$): 13.06		7 Payee address: 50 Massachusetts Ave		City: Washington DC	State: Zip Code: 20002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description NARC Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 2/12/25		Payee name: Hyatt Regency			
Amount (\$): 59.50		Payee address: 400 New Jersey Ave NW		City: Washington DC	State: Zip Code: 20001
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District		Description Food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 2/13/25		Payee name: Hyatt Regency			
Amount (\$): 25.44		Payee address: 400 New Jersey Ave NW		City: Washington DC	State: Zip Code: 20001
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description NARC Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 2/14/25		5 Payee name: Hyatt Regency			
6 Amount (\$): 69.57		7 Payee address; City; State; Zip Code Washington DC			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description NARC Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date: 2/14/25		Payee name: Hyatt Regency			
Amount (\$): 46.50		Payee address; City; State; Zip Code 400 New Jersey Ave NW Washington DC 20001			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description NARC Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 2/15/25		Payee name: IAH Parking			
Amount (\$): 100.00		Payee address; City; State; Zip Code 2800 N Terminal Houston TX 77032			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Airport Parking		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/17/25		5 Payee name Henysstead Steak & Seafood			
6 Amount (\$) 43.00		7 Payee address; 246 Cottonwood		City; Henysstead	State; TX
				Zip Code 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description Lunch with Chief Cantrell		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/20/25		Payee name Hotel Stella			
Amount (\$) 401.90		Payee address; 4100 Lake Atlas		City; Bryan	State; TX
				Zip Code 77807	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description VG Young Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 2/20/25		Payee name Wings N More			
Amount (\$) 30.94		Payee address; 3230 Texas Ave S.		City; College Station	State; TX
				Zip Code 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description VG Young Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: 17 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/21/25		5 Payee name Cellaxs			
6 Amount (\$) 54.13		7 Payee address; 5000 Katy Mills		City; Katy	State; TX
				Zip Code 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Cell phone repair		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 2/24/25		Payee name Houstonian Hotel			
Amount (\$) 35.72		Payee address; 111 W. Post Oak Ln		City; Houston	State; TX
				Zip Code 77024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Meeting w/ Jeff Lindner HCFCD		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 3/14/25		Payee name Tomiko			
Amount (\$) 74.89		Payee address; 29110 US 290		City; Cypress	State; TX
				Zip Code 77433	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Campaign mts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 28	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3/24/25	5 Payee name Perry's Steakhouse
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6 Amount (\$) 200.00	7 Payee address; 9730 Cypresswood	City; Spring	State; TX	Zip Code 77070
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Campaign event planning meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26/25	Payee name Grand Liquor
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Amount (\$) 585.35	Payee address; 5430 FM 551	City; Brookshire	State; TX	Zip Code 77423
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Prizes for campaign fundraiser poker tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/25	Payee name Joe's Italian
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Amount (\$) 37.00	Payee address; 260 Cottonwood	City; Hempstead	State; TX	Zip Code 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: 9 of 28	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 3/28/25	5 Payee name United Airlines
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6 Amount (\$) 922.62	7 Payee address; 233 S. Wacker Dr	City; Chicago	State; IL	Zip Code 60606
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Airfare to Washington DC for TARR trip
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/25	Payee name Uber
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Amount (\$) 14.89	Payee address; 1725 3rd St	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Legislative Hearing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 3/30/25	Payee name Westin Austin
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Amount (\$) 35.23	Payee address; 310 E 5th St	City; Austin	State; Tx	Zip Code 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Travel Out of District	Description Legislative Hearing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/30/25		5 Payee name: Eddie V's			
6 Amount (\$): 194.86		7 Payee address; 301 E 5th St		City; Austin	State; TX Zip Code 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description Travel out of district Legislative Hearing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 3/31/25		Payee name: Capitol Cafe Grill			
Amount (\$): 8.87		Payee address; 1400 Congress Ave		City; Austin	State; TX Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Legislative Hearing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 3/31/25		Payee name: Buddy's Burgers			
Amount (\$): 36.43		Payee address; 9001 Cameron Rd		City; Austin	State; TX Zip Code 78754
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Legislative Hearing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 28	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 4/2/25	5 Payee name Bartending 2u		
6 Amount (\$) 2667.06	7 Payee address; 4560 W 34th St	City; Houston	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraising Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/3/25	Payee name Truluck's		
Amount (\$) 191.13	Payee address; 5350 Westheimer	City; Houston	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Fundraising meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/2/25	Payee name Pizza Hut		
Amount (\$) 64.39	Payee address; 637 Hwy 290	City; Hempstead	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Lunch for Commissioners Court
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 4/7/25		5 Payee name: Zippi's Liquor			
6 Amount (\$): 1071.65		7 Payee address: 355 US 290 Bus.		City: Hempstead TX	State: TX Zip Code: 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses		(b) Description Awards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 4/11/25		Payee name: United Airlines			
Amount (\$): 274.02		Payee address: 233 S. Wacker Dr		City: Chicago IL	State: IL Zip Code: 60606
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Airfare - D.C. Trip		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 4/13/25		Payee name: Texas News			
Amount (\$): 54.11		Payee address: 2800 N. Terminal Rd		City: Houston TX	State: TX Zip Code: 77032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Food/Beverage, etc for flight to DC		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 4/13/25		5 Payee name: Landry's Seafood			
6 Amount (\$): 54.44		7 Payee address; 2800 Terminal Rd		City; Houston	State; Tx Zip Code 77032
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage		(b) Description Travel to D.C.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 4/13-4/15		Payee name: Uber			
Amount (\$): 172.52		Payee address; 1725 3rd St		City; San Francisco	State; CA Zip Code 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description Travel in D.C. TAHSR		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 4/13/25		Payee name: DoorDash			
Amount (\$): 59.11		Payee address; 303 2nd St		City; San Francisco	State; CA Zip Code 94107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description D.C. trip		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 4/14/25		5 Payee name: Joe's Crab + Seafood			
6 Amount (\$): 53.95		7 Payee address; 750 15th St NW		City; Washington DC	State; 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description D.C. trip - TAHSR		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 4/14/25		Payee name: Pete's Diner			
Amount (\$): 24.00		Payee address; 212 2nd St SE		City; Washington DC	State; 20003
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description D.C. trip - lunch		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 4/15/25		Payee name: Greene Turtle Grille			
Amount (\$): 63.59		Payee address; 1257 1st St SE		City; Washington DC	State; 20003
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description TAHSR D.C. trip		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15 of 28	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4/13-4/15	5 Payee name Marriott Washington DC
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6 Amount (\$) 635.41	7 Payee address; 175 L St NE	City; Washington DC	State; DC	Zip Code 20002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of Dist.	(b) Description TAHSR D.C. trip
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/25	Payee name U.S. Capitol Gift Shop
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Amount (\$) 10.83	Payee address; U.S. Capitol	City; Washington DC	State; DC	Zip Code 20004
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage	Description TAHSR D.C. trip
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name U.S. Capitol Cafe
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Amount (\$) 16.74	Payee address; U.S. Capitol	City; Washington D.C.	State; DC	Zip Code 20004
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage	Description TAHSR trip
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/25		5 Payee name United Airlines			
6 Amount (\$) 8.00		7 Payee address; 233 S. Wacker Dr Chicago		City; IL	State; 60606
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description chflight wif		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 4/18/25		Payee name Otis Autograph Hotel			
Amount (\$) 580.84		Payee address; 1901 San Antonio St		City; Austin	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description TAHSR Capitol Day		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/18/25		Payee name Los Patrones Mexican			
Amount (\$) 53.98		Payee address; 2880 E Austin St		City; Giddings	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Travel - TAHSR Capitol Day		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 4/18/25		5 Payee name: Chick-fil-A			
6 Amount (\$): 8.76		7 Payee address:		City:	State: Zip Code
		503 W Martin Luther King		Austin	TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Food/Beverage		TAHSR Capital Day		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date: 4/18/25		Payee name: Uber			
Amount (\$): 21.96		Payee address:		City:	State: Zip Code
		1725 3rd St		San Francisco	CA 94158
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Travel out of district		TAHSR Capital Day		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 4/18/25		Payee name: Brooksline Brothers			
Amount (\$): 104.72		Payee address:		City:	State: Zip Code
		300 Hwy 290 E		Heurpstead	TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Donation		Food/Beverage for Waller County Arm Club event		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/30/25		5 Payee name Marriott AC Hotel University			
6 Amount (\$) 345.09		7 Payee address; 1901 San Antonio St		City; Austin	State; TX
				Zip Code 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Legislative Hearing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/5/25		Payee name Heupstead Commerce + Civic Assoc.			
Amount (\$) 1500.00		Payee address; 733 12th St		City; Heupstead	State; TX
				Zip Code 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations		Description Watermelon Festival Sponsorship		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/6/25		Payee name Waller County Charities			
Amount (\$) 2056.74		Payee address; Po Box 640		City; Waller	State; TX
				Zip Code 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Sponsorship for Fall Golf Tournament		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5/7/25		5 Payee name Royal FFA			
6 Amount (\$) 1000.00		7 Payee address; 34499 Royal Rd		City; Brookshire	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description FFA Auction Group	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/8/25		Payee name McDonalds			
Amount (\$) 23.54		Payee address; 1005 Austin St		City; Hempstead	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description Staff lunch	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/12/25		Payee name Pizza Hut			
Amount (\$) 42.56		Payee address; 637 Hwy 290		City; Hempstead	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description Lunch for R+B Staff members	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20 of 28	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 5/13/25	5 Payee name Walmart
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6 Amount (\$) 12.99	7 Payee address; 625 Hwy 290 E	City; Hempstead	State; TX	Zip Code 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/15/25	Payee name Number 13 Steak + Seafood
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Amount (\$) 368.52	Payee address; 7809 Broadway	City; Galveston	State; TX	Zip Code 77554
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description Dinner - HGAC Board Retreat
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 5/15/25	Payee name Bucees
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Amount (\$) 87.02	Payee address; 40900 US 290	City; Waller	State; TX	Zip Code 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Door Prizes for HGAC Board Retreat
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5/16/25		5 Payee name Gravel Galvez			
6 Amount (\$) 589.91		7 Payee address; 2024 Seawall Blvd Galveston TX 77550		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description HGAC Board Retreat		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/25		Payee name Noodle Master			
Amount (\$) 53.21		Payee address; 8201 Broadway Pearland TX 77581		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Out of District Travel		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/16/25		Payee name Tremont House			
Amount (\$) 36.93		Payee address; 2300 Ship Mechanic Row Galveston TX 77550		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description HGAC Board Retreat		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 22 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5/21/25		5 Payee name The Market Scratch Kitchen			
6 Amount (\$) 52.22		7 Payee address; 1500 Rivery Blvd		City; Georgetown	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description TAC Technology Conference	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/22/25		Payee name Sherraton Austin			
Amount (\$) 19.49		Payee address; 1101 Woodlawn Ave		City; Georgetown	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage		Description TAC Technology Conference	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/22/25		Payee name Waller County 4H			
Amount (\$) 132.00		Payee address; 846 6th St		City; Waller Georgetown	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description 77484 77445	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 25 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 5/22/25		5 Payee name: Soto			
6 Amount (\$): 210.00		7 Payee address; City; State; Zip Code 1100 Lamer Blvd Austin TX 78704			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description UT School of Architecture Symposium		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 5/28/25		Payee name: Hotel Drover restaurant			
Amount (\$): 123.92		Payee address; City; State; Zip Code 200 Mule Alley Fort Worth TX 76164			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description TDEM Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 5/28/25		Payee name: Uber			
Amount (\$): 42.97		Payee address; City; State; Zip Code 1725 3rd St San Francisco CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description TDEM Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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SCHEDULE F1

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 24 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5/29/25		5 Payee name The Archibald			
6 Amount (\$) 63.00		7 Payee address; 902 Houston St		City; Fort Worth	State; TX Zip Code 76102
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description TDEM Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5/29/25		Payee name The Duni			
Amount (\$) 6.33		Payee address; 1300 Houston St		City; Fort Worth	State; TX Zip Code 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description TDEM Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/29/25		Payee name CVS			
Amount (\$) 65.54		Payee address; 515 Houston St		City; Fort Worth	State; TX Zip Code 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District		Description Food/bathroom items		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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SCHEDULE F1

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Candidate/Officeholder/Political Committee
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Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 25 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 5/29/25		5 Payee name Risky's Steakhouse				
6 Amount (\$) 376.25		7 Payee address; 120 E. Exchange		City; Fort Worth	State; TX	Zip Code 76164
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description TDEM Conference group dinner			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held
Date 5/26 - 5/30		Payee name Hotel Drover				
Amount (\$) 2031.64		Payee address; 200 Mule Alley		City; Fort Worth	State; TX	Zip Code 76164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		Description TDEM Conference			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 5/30/25		Payee name Wings N More				
Amount (\$) 37.55		Payee address; 3230 S. Texas		City; College Station	State; TX	Zip Code 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Travel back from TDEM Conference			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
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Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 26 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 6/2/25		5 Payee name The Republic of Texas Steakhouse			
6 Amount (\$) 36.31		7 Payee address; City; State; Zip Code 900 N. Shoreline Corpus Christi TX 78401			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage		(b) Description So. Tx Co Judges & Commissioners Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/25		Payee name Whataburger			
Amount (\$) 13.20		Payee address; City; State; Zip Code 121 N. Shoreline Corpus Christi TX 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description STCJCA Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 6/5/25		Payee name Omni Hotel			
Amount (\$) 459.96		Payee address; City; State; Zip Code 900 N. Shoreline Corpus Christi TX 78401			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District		Description STCJCA Conference		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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SCHEDULE F1

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Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 6/5/25		5 Payee name: Denny's			
6 Amount (\$): 27.76		7 Payee address: 1670 US Hwy 181		City: Portland	State: TX Zip Code: 78374
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food/Beverage		(b) Description: Travel back from SCTCA Conference		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 6/20/25		Payee name: Key Map Company			
Amount (\$): 5005.50		Payee address: 5227 Langfield St A		City: Houston	State: Tx Zip Code: 77040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense		Description: Catering for poker tournament fundraiser		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 6/25/25		Payee name: Brookshire Brothers			
Amount (\$): 61.00		Payee address: 300 Hwy 290 E		City: Heppstead	State: TX Zip Code: 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Gift		Description: Gift card + card for County employee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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SCHEDULE F1

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Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 28 of 28		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date: 6/27/25		5 Payee name: Gofund Me			
6 Amount (\$): 250.00		7 Payee address; City; State; Zip Code 855 Jefferson Ave Redwood City CA 94063			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Funeral expenses for Huntington Police officer Jacob Lewis		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date: 6/27/25		Payee name: Sealand Seafood			
Amount (\$): 22.38		Payee address; City; State; Zip Code 2201 Hwy 290E Breunham TX 77833			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description TAC Regional County Judges Meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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: 6/30/25		Payee name: The Republic Steakhouse			
Amount (\$): 64.13		Payee address; City; State; Zip Code 701 University Dr E College Station TX 77840			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description Meeting with TEEEX Director		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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