CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MENDRIC NAME Date Received NICKNAME SUFFIX Waller Co. Elections CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE FEB 05 2025 OFFICEHOLDER PRAIRIE 77446 Tx MAILING 2180 **ADDRESS** YIEW RECEIVED Change of Address AREA CODE CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (979) 221.3086 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST МІ MB, SHON **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged EPWARPS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; **CAMPAIGN** STATE: ZIP CODE **TREASURER** ADDRESS (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Dav Year Month COVERED 7 24 16 **THROUGH ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) WALLER WONTY COMMISSIONER THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL NA Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIIII AIGI	TIMANOLICEI ONI	
16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 53,944.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 10,562.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	\mathcal{V}	. Dd.
	Simple of Out	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	.a. s.
(1) Affidavit	MCKENZIE KELLEY Notary Public, State of Texas My Commission Expires December 10, 2027 NOTARY ID 132278569	
NOTARY STAMP/SEA	L COURT AND COMMON TANKS	
261	before me by Lendric D. Johns this the	St day of February.
VIX	Manta lala	Notan
Signature officer diministe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	, and my date of birth is _	
		tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	
	(month)	(year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Corr		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$ 53,964.61	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNE	os	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

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 Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to committee	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)
4 Date 7.16.24	5 Payee name Mesha Keatan	70 - 0	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		2,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.16.24	Classic Evente		
Amount (\$)	Payee address;	City;	State; Zip Code
54.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Frank Beverge	4	
EXPENDITORE		- Paletting	•
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	TX, officeholder living expense
expenditure to benefit C/OH		Office Sought	Office held
Date	Payee name		
7.22	University Chie	, Fil A	
Amount (\$)	Payee address;	City;	State; Zip Code
32.64			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Frank	chitern	& lunch
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) ent Expense Loan Repayment/Reimbursement

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

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

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

FILER NAME 6 Payee name Comatawt Comatawa	(=)	3 Filer ID (Ethic	s Commission Filers)		
Constant Co	0.25	Payee name			
	untact		(6) T		
7 Payee address;	City;	State;	Zip Code		
(a) Category (See Categories listed at the top of this schedule)	(b) Description				
			HOCORS,		
Fees	88 3				
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense		
Candidate / Officeholder name	Office sought		Office held		
Payee name	E III		LSM I I		
Parporleaux &	eafourt 1	Austra			
Payee address;	City;	State;	Zip Code		
Category (See Categories listed at the top of this schedule)	Description	X4			
Fue	Townel/	Conference	e Meetre		
Check if travel outside of Texas. Complete Schedule T.	′				
Candidate / Officeholder name	Office sought		Office held		
Payee name					
McDonalds F	tustino				
Payee address;	City;	State;	Zip Code		
Category (See Categories listed at the top of this schedule)	Description				
			No. 9 (85 H		
Fued			attender (S		
Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense		
Candidate / Officeholder name	Office sought		Office held		
	Files (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address: Category (See Categories listed at the top of this schedule) Files Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Madanalabs F Payee address; Category (See Categories listed at the top of this schedule) Fayee address; Category (See Categories listed at the top of this schedule) Faxed Check if travel outside of Texas. Complete Schedule T.	Fices (G) Check if travel outside of Texas. Complete Schedule T. Check if Austr Candidate / Office holder name Office sought Payee name Carppouleaux Seafoaux City; Category (See Categories listed at the top of this schedule) Description	Fices (6) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Candidate / Officeholder name Cappauleoux State; City; State;		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Splarles/Wades/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the salaries of the sal	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7.30	5 Payee name Culture Mensur	es .	201
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Cantroct	Consut	0
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austi	in, TX, officeholder living expense Office held
Date	Payee name		
7.30	Wer		
Amount (\$)	Payee address;	City;	State; Zip Code
45.00			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Trancl aut of Distry	t	X
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.31	Check	1076	
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200			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Panation &	Church o	newster
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

		EXPEND	DITURE CATE	GORIES	FOR BOX 8(a)			
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\$1		The Instructi	on Guide explai	ns how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer IC	(Ethics Con	nmission Filers)
4 Date 8.3	5 Payee na	me	Dulf	Dan	ation			
6 Amount (\$)	7 Payee ad	dress;	<u> </u>		City;	SI	ate; Z	ip Code
8 PURPOSE OF EXPENDITURE	Dun	ation	isted at the top of this		(b) Description	ty	27A 8	e may ill illinger
=59 18 30ft				chedule I.	Check if A	ustin, TX, officehol	der living exper	150
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officehold	er name		Office sought	- 0	Offic	e held
Date	Payee nar	me				ur Faylest of		
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PURPOSE OF EXPENDITURE	alut	om Fe	e					
		Check if travel outside	of Texas. Complete Sc	hedule T.	Check if A	ustin, TX, officehold	des lining and	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholde			Office sought	istal, 1A, Onicendic		held
Date	Payee nar	ne						
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300					Ony,	Sie	ite, 29	p Code
	Category (See Categories liste	ed at the top of this so	hedule)	Description	L. J. III		
PURPOSE	4	. ^						
OF EXPENDITURE	Contro	it la	bote		Market	ine.		TOTAL TIXE
A-WA 90	С	neck if travel outside	of Texas. Complete Sch	nedule T,	Check if Au	stin, TX, officehold	er livina avesa	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholde						e held
							<u>.</u>	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Pavee name Cherron 6 Amount (\$) Zip Code 7 Payee address; City: State: 75.02 (a) Category (See Categories listed at the top of this schedule) (b) Description Fran Conference PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City: Zip Code State: Pavee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Ashely Hill Amount (\$) Payee address; City; State; Zip Code 100 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Shallry W S. 11 6 Amount (\$) 7 Payee address; Zip Code 520.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE OF Black Walk EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Knax LLL 8.12 Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 8.15 Blooms Today Amount (\$) Payee address; State: Zip Code 124 49 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 8. Vb 6 Amount (\$) 7 Payee address; State; City; Zip Code 200 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 8.14 ley Du. Nuta Amount (\$) City; State; Zip Code 52.14 Category (See Categories listed at the top of this schedule) Description **PURPOSE** tool **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Cartrick Ju Ju 8.11. Amount (\$) Payee address; State: Zip Code 150 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; 7 Payee address; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Culture Meanes Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code 52.15 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete QNLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 8.14 6 Amount (\$) 7 Payee address; Zip Code 17.99 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense lete Schedule T Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Doos Knachers Payee address; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; Zip Code City: State: 100 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Komala Hurris Conpaign 4 Date 5 Pavee name 6 Amount (\$ 7 Payee address; Zip Code 100 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Zip Code 175.26 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name PVFD 8 26 6 Amount (\$) 7 Payee address; Zip Code 335 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Pavee address: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donatum **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Date Pavee name Payee address; State: Zip Code 15 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
4 Date 6.30	5 Payee name Mucheals X	tore		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Whice / Comparing	(b) Description	125 125) 285 1	
16	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4.28	Walmer	*		
Amount (\$)	Payee address;	City;	State; Zip Code	
227 - 82				
	Category (See Categories listed at the top of this schedule)	Description		12
PURPOSE OF EXPENDITURE	Dination for Event	39- = 5.		
ii 0	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8.22	Cleck	1071		
Amount (\$)	Payee address;	City;	State; Zip Code	
250				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	7 10° 10°	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
orms provided by Tayan Ethi				-

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9.15.24	5 Payee name HIC TCOD	_	
8 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ###################################	(b) Description	Ē
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9.4	Tyrama	11	
Amount (\$)	Payee address;	City;	State; Zip Code
80			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9.5	Ratine y		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	И.
in .	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
4 Date 9. 8	5 Payee name Ashley H	ill			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
180					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	T		
PURPOSE OF EXPENDITURE	Burting Exp.			E OF	ă II
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	j expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	-	Office held	
Date	Payee name				
9.3	Act Blue				
Amount (\$)	Payee address;	City;	State;	Zip Code	
150				¢ V	
	Category (See Categories listed at the top of this schedule)	Description	W.		
PURPOSE OF					
EXPENDITURE	Danation	TIL.		1994	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		W		1
9.3	CHS Alum	Holf			
Amount (\$)	Payee address;	City;	State;	Zip Code	
510					
	Category (See Categories listed at the top of this schedule)	Description			1
PURPOSE OF EXPENDITURE	Donation	1		0.0	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	11
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Ins Frentes 9.5 6 Amount (\$) 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Meeting W/Brian R OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Prairie View Book At 96 Amount (\$) Pavee address: State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Attrolat Org. **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Culture Measures Amount (\$) Payee address; City; State: Zip Code 500 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The instruction Guide explains how to d	Vages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 9.9	5 Payee name	PV		1
275. 93	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Francl in District (c) Check if travel outside of Texas. Complete Schedule T.		Walkerro	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder living	Office held
Date	Payee name	(m)	n i	909
9.10	Harston Ines	teals / Roma	lean	
Amount (\$)	Payee address;	City;	State;	Zip Code
500				
	Category (See Categories listed at the top of this schedule)	Description		1
PURPOSE OF EXPENDITURE	Donation	T =		
11 1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	in the contract of	Office held
Date	Payee name		os I	VY 903
9.11	Acodemy ;	Sports		
Amount (\$)	Payee address;	City;	State;	Zip Code
325.46				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Lop Check if travel outside of Texas, Complete Schedule T.	Description	shirts +	supplies
Complete ONLY if direct expenditure to benefit C/OH	0	Office sought	TX, officeholder living ex	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

expenditure categories for Box 8(a) ont Expense Loan Repayment/Reimbursemen Office Overhead/Rental Expense

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/\(\) The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9 . (6	5 Payee name Mendam B 7 Payee address;	roak form	ne Kitig
8 Amount (\$) 185, 79	7 Payee address;	City; ^v	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees Donation	charty	Half
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9.16	Pattison Asea Pa	ttison	
Amount (\$)	Payee address;	City;	State; Zip Code
3,200			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9.17	Shell		
Amount (\$)	Payee address;	City;	State; Zip Code
95.39			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Townel in District		(A) (技術)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	:DED

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Card Payment The Instruction Guide explains how to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

SHADE

Credit Card Payment	The instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	55 W	3 Filer ID (Ethlo	s Commission File	ers)
4 Date	5 Payee name Tractor Xupp	lex	····	13	9
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	31
76.78					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	W		5
PURPOSE OF	0.01	(4.			
EXPENDITURE	Speco Palling Expense	Company	n	31 13 000	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	4
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	- 9
Date	Payee name		06501	<u></u>	2011
9.19	Amorga	n			
Amount (\$)	Payee address;	City;	State;	Zip Code	
83.26					
	Category (See Categories listed at the top of this schedule)	Description	11		
PURPOSE					
OF EXPENDITURE	affine Supplies				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	9	Office held	ПП
Date	Payee name		Sec. Juli		
9.19	Los Frenter				
Amount (\$)	Payee address;	City;	State;	Zip Code	01
101.52					
640	Category (See Categories listed at the top of this schedule)	Description	1		
PURPOSE					
OF EXPENDITURE	Food Expense			n dat	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	-
Complete ONLY if direct	Candidate / Officeholder name	Office sought	H 1175	Office held	
expenditure to benefit C/O	H				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name altolian 9.24 6 Amount (\$) 7 Payee address; City; State; Zip Code 63.47 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description PURPOSE Foes **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Bucces Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to committee	ages/Contract Labor omplete this form.	Other (enter a categ	ory not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer 1D (Ethio	s Commission Filers)
4 Date 9.30	5 Payee name PAMU Go	U f		
300	7 Payee address;	City;	State;	Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	三6;	á
PURPOSE OF EXPENDITURE	Donation	98		
_	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	g expense
Ocmplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	5:	Office held
Date	Payee name)III	
9.30	Prathletics			
Amount (\$)	Payee address;	City;	" State;	Zip Code
200				
	Category (See Categories listed at the top of this schedule)	Description	-milen	
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1.1	Office held
Date	Payee name	******		ill i
9.30	Lo Fund	Me		41.7
Amount (\$)	Payee address;	City;	State;	Zip Code
200				100
**	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Done tran	Transfer	Levis 7	33 T997
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho ld er name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) City: State: Zip Code 7 Payee address: 11141 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Check 1078 Zio Code City: State: Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date arnell Evans 1 Amount (\$) Pavee address: State: Zip Code 100 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The instruction Guide explains how to co	emplete this form.	,	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Date 10.4	5 Payee name Frederick Ro	borts	1	40/1 s
Amount (\$)	7 Payee address;	City	State;	Zip Code
525				1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		8: ->1
EXPENDITURE	Consulting Uppense		dysk .	spirit de
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	a exbeuse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		71 - 8E	47,
10.4	Lyndsey	Miller		1-1
Amount (\$)	Payee address;	City;	State;	Zip Code
750	G			2000
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Wuge	alut	ern/We	ek
	Check if Iravel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	90 400 EI	Office held
Date	Рауее пате			
10.7	Laila	35).]		Winn
Amount (\$)	Payee address;	City;	State;	Zip Code
500				Juli Juli
PURPOSE	Category (See Categories listed at the top of this schedule)	Description -		
OF EXPENDITURE	Warge	wash	eng Com	pargn
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	pile s	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense Politing Expense Printing Expense Travel In District Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Pavee name Wine of Whisking to 10. [] Zip Code 6 Amount (\$) 7 Payee address; 4,312.93 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **OF EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10.12 Amount (\$) Zip Code Payee address; 225.00 Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10 22 Wuller Times Amount (\$) Zip Code Pavee address: State: 366.66 Category (See Categories listed at the top of this schedule) Description PURPOSE OF Advertising EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expens Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Micha Kuto 7 Payee address; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Check if India outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10.16 Amount (\$) Payee address; 100 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10. as Amount (\$) Pavee address: City: State: Zip Code 30 Category (See Categories listed at the top of this schedule) Description PURPOSE PUAMU Stul EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY If direct Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Pavee name 10.7 State: Zip Code 6 Amount (\$) City; 7 Payee address; 30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10.10 Amount (\$) State: Zip Code Payee address; 32D Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10.11 Amount (\$) Zip Code Pavee address: City: State: 40 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10.31 6 Amount (\$) 7 Payee address; City: State; Zip Code 170 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 10.7Payee address; State: Zip Code 2,734 Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10.7 Amount (\$) Payee address; Zip Code 148.19 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Cardy Bronsell 10.21 6 Amount (\$) City: State; Zip Code 7 Payee address: 1,300 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10.23 Amount (\$) Payee address; State: Zip Code 225 Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Mrs. Smith 10.31 Amount (\$) Payee address; Zip Code City; State: 100 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense rees Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Contributions/Donations Made By Glft/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Lega! Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name /D. 10 6 Amount (\$) 7 Payee address; Zip Code 101 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Prairie View Shell 10.11 Amount (\$) Payee address; City; State: Zip Code 81.59 Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 10.11 Amount (\$) Payee address; State: Zip Code 56.07 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expens Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Chie Fil A PVAMU 10.15 6 Amount (\$) State: Zip Code 7 Pavee address: (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** ick if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Cutture Measure 10.15 Amount (\$) City; State; Payee address; Zip Code 1,200 Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name PV Shell 10.15 Amount (\$) Payee address; City: State; Zip Code 210.72 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Office Overhead/Rental Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Sataries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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4 Date 10 - 15	5 Payee name	7.	82.4
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description	
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethlcs Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Zip Code 74.63 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expanditure to benefit C/OH Date Payee name 10.21 Amount (\$) Payee address: Zip Code 30.82 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

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9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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1973	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	בטבט

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politics redit Card Payment	y Gift/Awards/Memorials Expense Printing Ex al Committee Legal Services Salaries/W The Instruction Guide explains how to co	ages/Contract Labor Other (enter a cate	ict gory not listed above)
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OF EXPENDITURE	Food Expense	Best Best Free Le	
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Amount (\$)	Payee address	City; State;	Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	
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OF	Fast Exp. Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Rembursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 10.23 Zip Code 6 Amount (\$) 7 Payee address; State; 1,200 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Mc Punalsto 10.24 Amount (\$) Payee address; City; State; Zip Code 31.77 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10.25 Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this a Francisco Bland Joseph Lin Dutter (c) Check if travel outside of Texas. Complete Sci	et white	n, TX. officeholder living expense	:
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Date 10.28	Payee name los	Frentes		
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expenditure to benefit C/OI	1			
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Amount (\$)	Payee address;	O City;	State; Zip Code	
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	41
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Mernorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name shell 10.30 6 Amount (\$) City; State; Zip Code 7 Payee address: 62.11 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10.30 Amount (\$) Payee address; State: Zip Code 28 67.59 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 10.31 Amount (\$) Payee address; City; State: Zip Code 12.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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mount (\$)	Payee address;	City;	State; Zip Code
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OF EXPENDITURE	Vonition	Jank.	
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OF EXPENDITURE	Wage	15 V	a emiliaring
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Benking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 11. [7 Payee address 6 Amount (\$) State; Zip Code 75 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Fees EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Date Payee name notsey Miller Amount (\$) Pavee address: City; State; Zip Code 300 Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11. Amount (\$) Payee address; City: State: Zip Code 2,780.73 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	w ^{II}	
PURPOSE OF EXPENDITURE	Travel in District	, V - , , , E		an V x
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX. officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	- /		
11/5	Chevisa	PV		45.5
Amount (\$)	Payee address;	City;	State;	Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	6 1	
PURPOSE OF EXPENDITURE	Traval in District	(g. 18 (g.	1	
110	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
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Amount (\$)	Payee address;	City;	State;	Zip Code
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993	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	food fee	me l'Africa		1 (1)(6)
=	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	-

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 4 Date 5 Payee name HIK City; 7 Payee address; State: Zip Code 394.34 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Date City; Zip Code Payee address; State: 251.43 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a categ	ory not listed above)
	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 11/6	5 Payee name Les Frentle	3110		_ V1 pg
Amount (5)	7 Payee address;	City;	State;	Zip Code
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3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE	Fool Fee May	#120		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		lii.	
Mra 11/8	Cades B			1
Amount (\$)	Payee address;	City;	State;	Zip Code
1,300				E 7. 7
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Consutting Exp	€ =		Itelling I
Kos:>	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/12	Chevrer	1 PV		5.4
Amount (\$)	Payee address;	City;	State;	Zip Code
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16	Category (See Categories listed at the top of this schedule)	Description		10
PURPOSE OF	-A 1	140		
EXPENDITURE	Travel in D. whit	E di make	> <u>=</u>	(C) (C)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	≈_	Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code 300 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date allie Watchet Zip Code Amount (\$) Payee address; City; State: Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date Payee name Amount (\$) Payee address; State; Zip Code 500 Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	The instruction Guide explains how to	complete this form.	
Total pages Schedule F1	2 FILER NAME	3 Filer	ID (Ethics Commission Filers)
11/25	5 Payee name Melissa	B (Rades)	∂ 8 ₃ 111
//ð	7 Payee address;	City	State; Zip Code
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Hum Pan	
EXPENDITURE	Donation	101 - 0 000	allar
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Thouse in Dist / Fee	alutern	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	sholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/20	Xubuay		
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation Foral		9°41
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	sholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	pen Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Meliesa X	B (Rodea)		
6 Amount (\$	7 Payee address;	City;	State; Zip Code	
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8	(a) Category (See Categories listed at the top of this school	edule) (b) Description		
PURPOSE OF EXPENDITURE	Donation			
	(c) Check if travel outside of Texas. Complete Scheo	lule T. Check if Aust	tin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/15	landan	Musiphy		
Amount (\$)	Payee address;	City;	State; Zip Code	
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	Category (See Categories listed at the top of this sche-	dule) Description		
PURPOSE OF EXPENDITURE	Danetron	<u> </u>		
	Check if travel outside of Texas. Complete Scheo	fule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	1		
11/18	Brysen >	(AKK)	:	
Amount (\$)	Payee address;	City;	State; Zip Code	
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Ph 1 Ph 2 Ph 2	Category (See Categories listed at the top of this sche-	dule) Description		
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	Check if travel outside of Texas. Complete Scheo	tule T. Check if Aus	lin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Comp Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address; City; State; Zip Code 500 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
4	The instruction Guide explains	s now to complete this form.	8.57 10.451
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	***************************************
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PURPOSE OF EXPENDITURE	Donation	Husley	to Sas
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Fees) K	
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12.9	Buccess	· · · · · · · · · · · · · · · · · · ·	8
Amount (\$)	Payee address;	City;	State; Zip Code
54			s ×
= 300	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Travel in Dia	e. aski	
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Austin	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category not listed above)
Cledit Cald Payment	The instruction Guide explains how to c	omplete this form.	_
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4 Date /2/10	5 Payee name Tempical	Inwatt	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Frank Expos so	Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T,	Check if Austin,	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11	The Oak	les.	
Amount (\$)	Payee address;	City;	State; Zip Code
35.13			-
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/13	Parkey 7	Fee	
Amount (\$)	Payee address;	City;	State; Zip Code
15			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THE	SOUEDINE 40 MILES	
	ATTACH ADDITIONAL COPIES OF THIS S	OCHEDULE AS NEED	DED



CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			<u> </u>		
		The instruction Guide explains how to complete to Complete only if "Report Type" on page 1 is marked			
		"Complete only if Report Type on page 1 is marked	Final Report		
1	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE			
		expect any further political contributions or political expenditures in connection	· · · · · · · · · · · · · · · · · · ·		
	-	ting a report as a final report terminates my campaign treasurer appointment. I yn contributions or make any campaign expenditures without a campaign treasu			
		,)		
			Kalgere D. Jones		
		Si	gnature of Candidate Officeholder		
4		WHO IS NOTAN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	conly one:			
		I do not have unexpended contributions or unexpended interest or income ear	ned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned fro	•		
		may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain			
		unexpended contributions or unexpended interest or income earned on political	_ ·		
	filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended				
	interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	В.	ASSETS			
	Chec	conly one:			
		I do not retain assets purchased with political contributions or interest or other	income from political contributions.		
		I do retain assets purchased with political contributions or interest or other inco	ome from political contributions. I understand		
		that I may not convert assets purchased with political contributions or interest	-		
		personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	political contributions in accordance with the		
			Signature of Candidate		
6	OFFICI	EHOLDER			
		plete this section <i>only</i> if you are an officeholder ••			
	X	I am aware that I remain subject to filing requirements applicable to an officeholde			
		file. I am also aware that I will be required to file reports of unexpended contribut			
		an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	cal contributions, or assets purchased with		
		political contributions or interest or other income from political contributions.			
			war D dies		
			Signature of Officeholder		