CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics (Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST KENDRIC		MI O	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		JONES			Waller Co	. Elections
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	PR	CITY; STATE;	ZIP CODE	OCT 2	2 2025
ADDRESS Change of Address			V(2W)		RECE	EIVED
6 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS	ION	Date Hand delivered	f or Date Postmarked
OFFICEHOLDER PHONE	(979) a	31 3086				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Processed	
					Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	CITY	;	STATE;	ZIP CODE
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSI	ION		
TREASURER PHONE	()	THORE NOMBER	<u> </u>			
9 REPORT TYPE	January 15	30th day before e	election Run	noff		fter campaign ppointment er Only)
	July 15	8th day before ele	COLIOIT	eeded Modified porting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 12	Day Year / 13 / 24	THROUGH	Month 7	Day Year / 31 / 2:	
11 ELECTION	ELECTION DA	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	OUNTY COMMISSION		SOUGHT (if knowr	n) ·	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NA			
Additional Pages	GENERAL	COMMITTEE ADDRESS	P/A			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	· · · · · · · · · · · · · · · · · · ·		
		GO TO	PAGE 2			
1		9010	FAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT	CAL CONTRIBUTIONS (OTHER THA RANTEES OF LOANS, OR CTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$	66,507.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPEND	HTURES	\$	54,981.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$	22,087.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS O G PERIOD	F THE \$	
18 SIGNATURE I SI	wear, or affirm, under penalty of perjury, the	hat the accompanying report is true	IS and someth	
req	uired to be reported by me under Title 15, E	election Code.	e and correct	and includes all information
		V_{2}	in Dy	1
		Signature of Ca	andidate or Of	Rceholder
	Please comp	lete either option below		
		ore cities obtion below	v.	
(1) Affidavit	MCKENZIE KELLEY Notary Public, State of Texas My Commission Expires December 10, 2027 NOTARY ID 132278569			
NOTARY STAMP/SEAL				
Sworn to and subscribed b	pefore me by Kendric D. Ja	this the	and day	of October,
20 certify w	hich, witness my hand and seal of office.			
	mckenzi	Colled	Λ	Lutina
Signature of officer administeri	ng oath Printed name of office	er administering oath	Title	Maria
			THE	of officer administering oath
2) Unguenn Daglagett		OR		
2) Unsworn Declaration	1			
Ny namo is				
ny name is		, and my date of birth is .		
fly address is				
	(street)	(city) (st	tate) (zip co	de) (country)
xecuted in	County, State of	, on the day of	20	. , , , ,
		(month)	(year)
		Signature of Candida	ate/Officeholde	r (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS	T
<u> </u>	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ (06 50750
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 66,507,50 \$ 4,579.21
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 54,981.94 \$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9.		\$
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

2 50 50 111	he instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM	ΛΕ		3 Filer ID /Fibles 0
4			3 Filer ID (Ethlcs Commission Filers)
4 Date	the loss (a)	(ID#:)	7 Amount of contribution (\$)
- (10)	6 Contributor address; City;	State; Zip Code	10
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructi	
	t, and ground all the same and the same as a second	Employer (See Instructi	ons)
Date	Full name of contributor		
2.27.25	Jasha la		Amount of contribution (\$)
7 & 1. Z)	Contributor address; City;	State; Zip Code	10
Principal occu	pation / Job title (See Instructions)		
	und entre le	Employer (See Instruction	ns)
D-4-			
Date) 77.75	Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)
puna akabi	Contributor address	State; Zip Code	10
Principal occup	pation / Job title (See Instructions)		
	Menther ade 45.	Employer (See Instruction	as)
Date	Full name of contributor	m = [1]	
-49			Amount of contribution (\$)
	Contributor address; City; S		
z szemelő	mar du author L'Hern Start	State; Zip Code	
rincipal occupa	ation / Job title (See Instructions)	Employer (See Instructions	
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SCHEDULE A1

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

0	The Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NA	AME		
			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-sta	te PAC (ID#:)	7 Amount of contribution (\$)
2.9.25	graph of Tanana and Alexander	State; Zip Code	5 K
Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instru	
	on the contract SMV	9 Employer (See Instruct	ions)
Date	Full name of contributor		
	property and a state of the sta	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		
	(coc manuchons)	Employer (See Instruction	ons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		
	200411	Employer (See Instruction	ns)
)ate	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zlp Code	
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opar occup	pation / Job title (See Instructions)	Employer (See Instructions	3)
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

SCHEDULE A1

2 FILER NAM	he instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
4 Date			3 Filer ID (Ethics Commission Fil
2/11/28	when xelopelo	C (ID#:	7 Amount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instru	
Date		- Coe mstr	ictions)
2/11/25	Pushy C	(ID#:)	Amount of contribution (\$)
•	Contributor address; City;	State; Zip Code	34
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
2/11/25	City;	D#:)State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
rincipal occupati	on / Job title (See Instructions)	Employer (See Instruction	ns)
le .	ATTACH ADDITIONAL COPIES OF TH ontributor is out-of-state PAC, please see instruction Ethics Commission	12 SCUEDIU T	

SCHEDULE A1

Principal occupation Date F	Full name of contributor Work Contributor address; / Job title (See Instructions	Wang	AC (ID#:) State; Zip Code	(0)
Principal occupation Date F	Ontributor address;	Wang	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
Principal occupation			State; Zip Code	2.5816
Date F	/ Job title (See Instructions)		
			9 Employer (See Instruc	tions)
1	ull name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/11/15	ontributor address;	City;	State; Zip Code	3 h
Principal occupation /	Job title (See Instructions)		Employer (See Instructi	ions)
	Ill name of contributor Power intributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occupation /	Job title (See Instructions)		Employer (See Instruction	ons)
	I name of contributor		(ID#:)	Amount of contribution (\$)
١١١/٦٢	ntributor address;	City;	State; Zip Code	34
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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Walt 7	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
7.9.25	6 Contributor address;	City;	State; Zip Code	1.54
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7.9.25	Contributor address	City;	State; Zip Code	1.5K
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
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Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC		Amount of contribution (\$)
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SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
		6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
	1/11/25	Full name of contributor	Amount of contribution (\$)
	Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
	Date 2 . 7 . 25	Full name of contributor	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ions)
	Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
	. *	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED
		If contributor is out-of-state PAC, please see Instruction guide for additional re	porting requirements.

SCHEDULE A1

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2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Full name of contributor Contributor address;		(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occupati	ion / Job title (See Instructions)		9 Employer (See Instruc	tions)
7.9.25	Full name of contributor Mythem Contributor address;	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions)		Employer (See Instruct	tions)
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Principal occupation	on / Job title (See Instructions)		Employer (See Instruct	tions)
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SCHEDULE A1

			
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
2.9.25	6 Contributor address; City;	State; Zip Code	1-5K
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
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SCHEDULE A1

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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
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SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2.13.25	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
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Date 2.13. 25	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	if contributor is out-of-state PAC, please see Instruction guide for additional re	eporting requirements.

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME		**************************************	3 Filer ID (Ethics Commission Filers)
4 Date 7.13.25	Full name of contributor	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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		3 Filer ID (Ethics Commission Filers
ruli name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
2 27, 25 6 Contributor address;	Delco City; State; Zip Code	10
Principal occupation / Job title (See Instructions)	9 Employer (See Inst	ructions)
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21	out-of-state PAC (ID#	Amount of contribution (\$)
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Da 724	telore	Amount of contribution (\$)
Contributor address; C	City; State; Zip Code	10
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SCHEDULE A1

2 FILER NA	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
4 Date	6 Full name of contributor	3 Filer ID (Ethics Commission Filer
2,27.2	McSrgull Smith	7 Amount of contribution (\$) Zip Code
8 Principal oc	cupation / Job title (See Instructions)	
	Employ	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2, 27, 25	Contributor address; City; State; Z	Zip Code
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· mobal occupa	ation / Job title (See Instructions) Employer	(See Instructions)
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SCHEDULE A1

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4 Date	THE POST IN THE	3 Filer ID (Ethics Commission Filers
- Date	6 Full name of contributor	Nine -
II III	CO . Gui-bi-state PAC (ID#:	_) 7 Amount of contribution (\$)
2-27-8	6 Contributor address; City; State: 71-0	
	City; State; Zip Code	20
Principal con		
Principal occu	pation / Job title (See Instructions)	and the little was a second of the
	9 Employer (See Instr	uctions)
Date	Full name of contributor	
	L out-oi-state PAC (ID#:	
180	10 reps B	Amount of contribution (\$)
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2 222		Amount of contribution (\$)
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SCHEDULE A1

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SCHEDULE A1

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SCHEDULE A1

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SCHEDULE A1

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this f	form. 1 Total pages Schedule A2
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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

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

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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)

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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)

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

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

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

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SCHEDULE F1

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 200.00 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 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name in Oak Amount (\$) Payee address: City: State; Zip Code 1500 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 expenditure to benefit C/OH Office held Date Payee name 2.6.23 Amount (\$) 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 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; City; State; Zip Code 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 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 3.4.25 Bucces Bastrap Amount (\$) Payee address: City; State; Zip Code 79.35 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Trovel out of Drobust 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 of Honoton City: State: Zip Code 11000 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

expenditure to benefit C/OH

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Office held

SCHEDULE F1

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

1 Total pages Schedule F1:	The Instruction Guide explains how to	complete this form.		
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Category (See Categories listed at the top of this schedule)

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Event Exp.

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

Description

Office sought

Solicitation/Fundraising Expense Travel Out Of District

Transportation Equipment & Related Expense
Travel In District Legal Services Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 3.21-25 Somontha Hara 6 Amount (\$) 7 Payee address; State: Zip Code 1163.58 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 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name 3.4.15 Mych Seeld Amount (\$) Payee address: State: Zip Code 2400

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PURPOSE OF

EXPENDITURE

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Accounting/Banking Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
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SCHEDULE F1

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SCHEDULE F1

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name undest 7 Payee address; City; State; Zip Code 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 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3.26.26 Amount (\$) Payee address: 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 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 Complete ONLY if direct Office sought expenditure to benefit C/OH Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
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/Mages/Contract Laborates

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

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 4.2.25 6 Amount (\$) Charlies 7 Payee address; City; State; Zip Code 175.33 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 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 4.3.25 Russell & Smith fourthern Payee address; Zip Code 334 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 expenditure to benefit C/OH Office sought Office held Date Payee name there Measures Payee address: 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 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 4.7.25 7 Payee address; State: Zip Code 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 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 4.8.25 PUAMU Past affice Amount (\$) Payee address; State; Zip Code 102.25 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 4.10.25 Cleven PVANU Amount (\$) Payee address; 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 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District **Printing Expense** Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 7 Payee address: State; Zip Code 39.33 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** 1 Ess (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Рауее пате 4.14.25 First Watch Amount (\$) City; State; Zip Code 41.04 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 expenditure to benefit C/OH Office sought Office held Date Payee name Charity Salf 4:14.25 Amount (\$) Payee address; City; 133 33 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 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 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

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mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	officeholder living expen	se held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Legal Services Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Payee name 4.18.25 7 Payee address; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Date Payee name Payee address; 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 Complete **ONLY** if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Shell ail Payee address; State: Zip Code 65.62 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 expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manag/Contract Let av

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

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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

Contributions/Donations Made Candidate/Officeholder/Politic	al Committee Legal Services S The Instruction Guide explains	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 10W to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
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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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Menarial Park Housts 5 Payee name 5.5.25 6 Amount (\$) 7 Payee address; Zip Code 17.70 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 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Shell ail PV 5.7.25 Amount (\$) Payee address; City; State; Zip Code 165.72 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Mrs. Mary 5.7.25 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

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

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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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 Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By 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) 5 Payee name 7 Payee address; Zip Code 650.60 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name DO AKA PV 5. 27. 25 Payee address; State; Zip Code 1350.00 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name AKA PV Payee address: City; Zip Code State; 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/Wages/Contract Labor

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

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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
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)

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Date	Payee name			
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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	Category (See Categories listed at the top of this schedule)	Description .	
PURPOSE OF EXPENDITURE	Danation for intern	********	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.20.15	90 Doch	ls.	
Amount (\$)	Payee address;	City;	State; Zip Code
253.16		¢.	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Tools advertising EVA	x3 (1)	-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	inen

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/		Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
4 Date 5.22.25	5 Payee name	Courte t	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
35.16			4-
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Consulting Exap	L	
· · ·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.22.25	Micheale		
Amount (\$)	Payee address;	City;	State; Zip Code
77.38			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donaban	•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.27.25	Je Xle		
Amount (\$)	Payee address;	City;	State; Zip Code
175.82			u di Ass
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donetton for Koty		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, 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 NEEDE	D

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polli Glift/Awards/Memorials Expense Print	Ing Expense aries/Wages/Contract Labor	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	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5.72.25	5 Payee name	Kity	· San Strange
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
63.75		. (-	. 12
8	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description	
PURPOSE OF EXPENDITURE	Travel in Dit.	. Take 10	A
a e = 16	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.27.25	VBEP		
Amount (\$)	Payee address;	City;	State; Zip Code
83.47		- 3.	
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Torond out the Dis	.1. A. A. A. A. A. A.	
	Check if travel outside of Texas. Complete Schedule	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.28.25	Darios	هـ	. 16
Amount (\$)	Payee address;	City;	State; Zip Code
246.38			7 . r ·
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Event Expuse		
	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 T	HIS SCHEDULE AS NEED	ED

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)

Candidate/Officeholder/Politica Credit Card Payment	- Intuity	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
5.28.25	5 Payee name Waller Can	itiz	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300			. 8
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	A STATE OF	
a . ,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	_	
5.28.25	Da Dan	No	
Amount (\$)	Payee address;	City;	State; Zip Code
189.99			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Exp) I I	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.30.25	Breakfas	t Para	dire
Amount (\$)	Payee address;	City;	State; Zip Code
56.35			20
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Expunse		
	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 NEEI	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	FILER NAME			
I Data			3 Filer ID (Ethics	Commission Filers)
6.9.25°	Payee name Freolonik	Roberto		in observation
	Payee address;	City;	State;	Zip Code
700°°			3 =	
((a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Counting Exp			
# · · · · · · · · · · · · · · · · · · ·	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6.11.25	Nashan	Ednards		
Amount (\$)	Payee address;	City;	State;	Zip Code
1500				
	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE	Commenting Exp	- 2 2		
	Check if travel outside of Texas. Complete Sch	edule 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			
6.20.25	zerenz ,	Harra		
Amount (\$)	Payee address;	City;	State;	Zip Code
86.00				
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Event Fee	· · ·		·
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense

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)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	t mining C	Vages/Contract Labor	Travel Out Of District Other (enter a category	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 6. 23. 25	6 Payee name Januar Muly	ty		
6 Amount (\$)	7 Payee address;	Oity;	State;	Zip Code
600,00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advirting Exp	роб ^а — «роб		
ē · f	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6.23.25	Shoute			
Amount (\$)	Payee address;	City;	State;	Zip Code
56				
=	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 Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6.23.25	Dnappy			
Amount (\$)	Payee address;	City;	State;	Zip Code
32.74				5
2	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Min			•
	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 NEED	ED	

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

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense Print	e Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.2.25	5 Payee name Chevean PVA	MU	
6 Amount (\$) 45.98	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6.4.25	SAMZRIKA'S	Houston	
Amount (\$) 750.	Payee address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Donahan		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.5.25	First Water		
Amount (\$)	Payee address;	City;	State; Zip Code
69.31			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Free / / / / / / / / / / / / / / / / / /	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Charge extension and literal should

Candidate/Officeholder/Politica Credit Card Payment	Pillium	ng Expense es/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6.12.25	Cutture Me	esure	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2500.00			v all
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Commenting / Exp		
(GF)	(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	,	
6.13.25	Regan Jan	homan	
Amount (\$)	Payee address;	City;	State; Zip Code
706.95		1	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description .	
OF EXPENDITURE	Erut Exp.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.9.25	Jarrick B	Nown	No.4., 10
Amount (\$)	Payee address;	City;	State; Zip Code
300.00			
DUDDOST	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Danoton		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

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 Poiling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	- Interior	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.9.25	6 Payee name Hitten Dullas		
6 Amount (\$) 462 · 24	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Travel ant of District	Meting	
* © (a)	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.9.25	Cherron Dalla		12 D 4
Amount (\$)	Payee address;	City;	State; Zip Code
68.57			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel ant of Dis	7	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.12.25	7/11 Nareas	to	
Amount (\$)	Payee address;	City;	State; Zip Code
63.54			
21122225	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel out Die.		-10 to -
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/N The Instruction Guide explains how to c	/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.27.25	5 Payee name 50 catalyst		II. =
€ Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6.30.25	Payee name Mostha Costas To	atum	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	Description	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
0-11.25	Payee name ### ### ############################		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Portion Check if travel outside of Texas. Complete Schedule T.	Description Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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 Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	Filliblig Ex	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.23.25	5 Payee name	0.4	ar ar a
6 Amount (\$) 67.93	7 Payee address;	City;	State; Zip Code
mires			*
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Travel in Dratrict		Y
** • **	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
6.23.25	CANVAS Abutu		
Amount (\$)	Payee address;	City;	State; Zip Code
1500	• 		1
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Ponetion		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.23.25	E16 Consta	nt Contact	7
Amount (\$)	Payee address;	City;	State; Zip Code
53.82			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Counting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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 Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
16)	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 6.3.2075	6 Payee name Palores Jayan	C	
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
250			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Pandon		
*	(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		
6.14.75	The 134 PAC		
Amount (\$)	Payee address;	City;	State; Zip Code
115	· ·		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Danshan	: '	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6.2.25	Marhia B		
Amount (\$)	Payee address;	City;	State; Zip Code
250			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donethan	V.	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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 pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	- Interior Expenses Frinting Ex	lages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7.13.25	6 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.11.15	orrelle Me N	enl	
Amount (\$)	Payee address;	City;	State; Zip Code
500	e		
DUDDOCT	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 Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7.14.25	10to Phi Tombol	. Aroret	y dre
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	:
OF EXPENDITURE	Danothon		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense y Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
oredit Card Fayment	The Instruction Guide explains i	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7. 17. 25	6 Payee name	Murphy	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
600			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF	C + F		
EXPENDITURE	Consutting ties		
5 · ` _	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experience to borrow over	•	(24:	
Date	Payee name		
7.24.25	Edly Marales		
Amount (\$)	Payee address;	City;	State; Zip Code
1000	* ************************************		
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF	~		
EXPENDITURE	Ponetion	2	
	Check if travel outside of Texas. Complete Scheo	dule 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		<u> </u>
7.29.26	Samy Hall		
Amount (\$)	Payee address;	City;	State; Zip Code
10000	a a		
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF	Δ.		- " "
EXPENDITURE	Panton		
	Check if travel outside of Texas. Complete Scheo	dule 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	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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) 4 Date 5 Payee name 十.27.75 7 Payee address; City: State: Zip Code 1375 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 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Monoton Devertock 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	_:				
	The Instruction Guide explains how to complete this form.				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE	104.		
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4		WHO IS NOT AN 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 earned fro	m political contributions.		
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended		
	В.	ASSETS			
	Checi	conly one:			
	A	I do not retain assets purchased with political contributions or interest or other income	from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to		
5		EHOLDER plete this section only if you are an officeholder ••	The state of the s		
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as		
		Sig	inature of Officeholder		