CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: KENDRIC | MI: D

NICKNAME | LAST: JONES | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 2180 | APT / SUITE #: | CITY: PRAIRIE VIEW | STATE: TX | ZIP CODE: 77445

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (979) | PHONE NUMBER: 221.3086 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: ( ) | PHONE NUMBER: | EXTENSION:

OFFICE USE ONLY

Date Received: Waller Co. Elections JAN 28 2026 RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 8 / 1 / 25 THROUGH 1 / 15 10 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): WALLER COUNTY COMMISSIONER

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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.

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS: N/A

COMMITTEE CAMPAIGN TREASURER NAME: N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

GO TO PAGE 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	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 91,500
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 42,438.25
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 71,151.70
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kendric D. Jones

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

MCKENZIE KELLEY
Notary Public, State of Texas
My Commission Expires
December 10, 2027
NOTARY ID 132278569

Sworn to and subscribed before me by Kendric D. Jones this the 28th day of January, 20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Mckenzie Kelley, Notary

Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 91,500
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 287.50
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 42,438.25
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
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	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
11.1.25	WILSON WONG 6 Contributor address; City; State; Zip Code	5K

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11.1.25	JAY MORRIS Contributor address; City; State; Zip Code	5K

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11.1.25	LARRY JANAK Contributor address; City; State; Zip Code	5K

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
11.1.25	NICK ALANIS Contributor address; City; State; Zip Code	5K

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11.1.25	OLIVER SALGADO	5K

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	SANTIAGO CASTANEDA	5K

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	ALI RASHAFEIR	2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	COBB FENDLEY PAC	2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	7 Amount of contribution ($)
11.1.25	DANNY SIBNORELLI	2,500
	6 Contributor address: City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor	Amount of contribution ($)
11.1.25	DAVE HAMILTON	2,500
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor	Amount of contribution ($)
11.1.25	HAROLD UNDERWOOD	2,500
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor	Amount of contribution ($)
11.1.25	JIM RUSS	2,500
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
11.1.25	GABE JOHNSON	2,500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
11.1.25	MINDY C	2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
11.1.25	PAUL KWAN	2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
11.1.25	RICKY GONZALEZ	2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#	7 Amount of contribution ($)
11.1.25	JOHN DEAN	2,500
	6 Contributor address: City: State: Zip Code	

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	VIJAY RAPOLU	2,500
	Contributor address: City: State: Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	BRIAN STIDHAM	2,500
	Contributor address: City: State: Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	AHMED VALDEZ	1000
	Contributor address: City: State: Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	6 Contributor address	City	State	Zip Code	7 Amount of contribution ($)
11.1.25	DAVID BALMOS					1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
11.1.25	DAVID GARCIA					1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
11.1.25	DON MIDDLETON					2000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor	Contributor address	City	State	Zip Code	Amount of contribution ($)
11.1.25	KRISTIN MORRIS					1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11.1.25	MICHAEL KASHA		1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	MATT ZEVE		1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	TIM BUSCH		1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	JAY SUNDERWALA		1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	☐ out-of-state PAC ID#	7 Amount of contribution ($)
11.1.25	MARK DESSENS		1000
	6 Contributor address:	City: State: Zip Code	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	MARTY CRISTOFARO		1000
	Contributor address:	City: State: Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	MATTHEW MENDEZ		1000
	Contributor address:	City: State: Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	RUSSELL WALKER		1000
	Contributor address:	City: State: Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11.1.25	JEFF CANNON		500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	TIA BAKER		500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	JAMES		1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	NATHAN JUNIUS		1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#	7 Amount of contribution ($)
11.1.25	BRUCE CRENECK	1000
	6 Contributor address: City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	LEE LUPHER	1000
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	GARY HODGES	1000
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC ID#	Amount of contribution ($)
11.1.25	BLAKE PFEFFER	1000
	Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC ID#	7 Amount of contribution ($)
11.1.25	ALLEN BOONE HUMPHRIES	1000
	6 Contributor address, City, State, Zip Code	

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Amount of contribution ($)
11.1.25	WALTER P MOORE PAC	1000
	Contributor address, City, State, Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Amount of contribution ($)
11.1.25	ROMA STEVENS	1000
	Contributor address, City, State, Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Amount of contribution ($)
11.1.25	CHAD CRISWELL	500
	Contributor address, City, State, Zip Code	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME:

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11.1.25	ISIDRO BALZA		500

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	MARK BERLINGER		500

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	MATT CHASTAIN		500

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	RAJ BASA		500

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC ID#	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11.1.25	SYED HAQ		500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	RANDI Z		500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	PERDUE, BRANDON, FEILDER, COLLINE		500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC ID#	Contributor address / City / State / Zip Code	Amount of contribution ($)
11.1.25	NICHOLAS B		500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 297.50

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **7** Contributor address; City; State; Zip Code	**8** Amount of Contribution $	**9** In-kind contribution description
10.9.23	HUSCH BLACKWELL	287.50	ETHICS QUESTIONS
		☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) HUSCH BLACKWELL	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
		☐ Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	$

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:__________) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge $	9 In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor ☐ out-of-state PAC (ID#:__________) Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description ☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
9.4.25

5 Payee name
FRANK SALLIER

6 Amount ($)
75.00

7 Payee address

City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
DONATION

(b) Description

(c) [ ] Check if travel-related food. Complete Schedule T

[ ] Check if payee is officeholder using expense

Candidate / Officeholder name

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit CO(s)

Date
8.12.25

Payee name
NEKISHA LEE-

Amount ($)
40.00

Payee address

City State Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
DONATION

Description

[ ] Check if travel-related food. Complete Schedule T

[ ] Check if payee is officeholder using expense

Complete ONLY if direct expenditure to benefit CO(s)

Candidate / Officeholder name

Office sought

Office held

Date
8.20.25

Payee name
ASH FULMER

Amount ($)
120.00

Payee address

City State Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Donation / EVENT EXP.

Description

[ ] Check if travel-related food. Complete Schedule T

[ ] Check if payee is officeholder using expense

Complete ONLY if direct expenditure to benefit CO(s)

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
8.1.25

5 Payee name
BRKFAST PARADISE

6 Amount ($)
44.00

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Food Exp / Mtg.

(b) Description

(c) [ ] Select if candidate/officeholder (Complete Schedule A)

[ ] Check if Austin ISD officeholder travel expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
8.1.25

Payee name
BUCCEES WALLER

Amount ($)
32.24

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

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

Description

[ ] Select if candidate/officeholder (Complete Schedule A)

[ ] Check if Austin ISD officeholder travel expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
8.4.25

Payee name
PARKING MGMT

Amount ($)
65.00

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

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

Description

[ ] Select if candidate/officeholder (Complete Schedule A)

[ ] Check if Austin ISD officeholder travel expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 8.5.25

5 Payee name: Culture Measures

6 Amount ($): 1500

7 Payee address / City / State / Zip Code

8 **PURPOSE OF EXPENDITURE**

(a) Category (See categories listed at the top of this schedule): Consulting Fee

(b) Description

(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: 8.6.25

Payee name: Shell Prairie View

Amount ($): 62.39

Payee address / City / State / Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Travel in District

Description

Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense

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

Date: 8.6.25

Payee name: Pappasitos

Amount ($): 48.00

Payee address / City / State / Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food Mtg.

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 8.18.25

5 Payee name: UBER

6 Amount ($): 57.85

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Travel out District
(b) Description
(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: 8.20.25

Payee name: STARBUCKS

Amount ($): 38.17

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Mtg Exp.
Description
[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

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

Date: 8.22.25

Payee name: 516 CONSTANT

Amount ($): 51.16

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): CONSULTING
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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense; Accounting Expense; Event Expense; Loans; 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/Direct Mail Expense; Transportation Equipment & Related Expense; Travel In District; Travel Out Of District; Other (enter a category not listed above)

Candidate/Officeholder/Political Committee; 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: 8.25.25

5 Payee name: Reimburse allowance

6 Amount ($): 71.25

7 Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

8 (a) Category: Event Exp

(b) Description:

(c) Check if travel-related loan Complete Schedule T

Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit CHOI

Candidate / Officeholder name: Office sought: Office held:

Date: 8.28.25

Payee name: Success

Amount ($): 76.34

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Travel in District

Description:

Check if travel-related loan Complete Schedule T

Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit CHOI

Candidate / Officeholder name: Office sought: Office held:

Date: 8.7.25

Payee name: HCCA

Amount ($): 500

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Donation

Description:

Check if travel-related loan Complete Schedule T

Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit CHOI

Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
8.20.25

5 Payee name
Buck Thats Roadhouse

6 Amount ($)
500

7 Payee address
City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category
Event Exp

(b) Description

(c) Check if Candidate/Officeholder of Texas (Complete 9 if checked)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if Payee is officeholder being supported

Date
9.9.25

Payee name
Car Concepts

Amount ($)
650

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

Category
Consulting Fee

Description

Check if Payee is Candidate/Officeholder of Texas (Complete 9 if checked)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if Payee is officeholder being supported

Date
9.11.25

Payee name
Shell PV

Amount ($)
35.61

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

Category
Travel in District

Description

Check if Payee is Candidate/Officeholder of Texas (Complete 9 if checked)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if Payee is officeholder being supported

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salary/Wage/Contract Labor
Solicitation/Direct Mail Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (must describe)

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
9.18.25

5 Payee name
HEB

6 Amount ($)
49.98

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of the next column)
Food Bev. Exp

(b) Description

(c) [ ] Check if Travel Out of District Category is checked

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
9.22.25

Payee name
KRL Round Rock

Amount ($)
89.27

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of the next column)
Travel out of Dist

Description

Check if Travel Out of District Category is checked

[ ] Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
9.22.25

Payee name
Constant Contact

Amount ($)
52.16

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of the next column)
Consulting

Description

Check if Travel Out of District Category is checked

[ ] Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 9.11.25

5 Payee name: Toulesse

6 Amount ($): 73.00

7 Payee address — City — State — Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Mtg Expense

(b) Description

(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: 9.12.25

Payee name: Amazon

Amount ($): 76.67

Payee address — City — State — Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food Exp

Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX, officeholder living expense

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

Date: 9.15.25

Payee name: Chevron PV

Amount ($): 73.29

Payee address — City — State — Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Travel out of Dist

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 9.23.25

5 Payee name KRE: RESTURANT ROUND ROCK

6 Amount ($) 45.81

7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category: Conference Food Exp

(b) Description

(c) Check if travel outside of Texas

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

Date 8.27.25

Payee name Prairie View A&M Foundation

Amount ($) 200

Payee address City State Zip Code

PURPOSE OF EXPENDITURE

Category: Donation

Description

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

Date 9.25.25

Payee name Shell oil

Amount ($) 73.95

Payee address City State Zip Code

PURPOSE OF EXPENDITURE

Category: Travel back to District

Description

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 10.1.25

5 Payee name: Keep Pattison Beautiful

6 Amount ($): 58.00

7 Payee address — City — State — Zip Code

8 **PURPOSE OF EXPENDITURE**

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

(b) Description

(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: 10.14.25

Payee name: Freddy Roberts

Amount ($): 550

Payee address — City — State — Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Exp.

Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name — Office sought — Office held

Date: 10.3.25

Payee name: Cutshore Measures

Amount ($): 1500

Payee address — City — State — Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Exp.

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Contract Expense
Contribution/Donation Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Food
Food Beverage Expense
Gift/Award/Memorial 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 (Must not be used for itemized category)

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: 10.3.25

5 Payee name: Pathbreaking Concept

6 Amount ($): 300

7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category: Advertising Exp

(b) Description:

(c) Check if Austin TX officeholder travel expense

Candidate / Officeholder name: Office sought: Office held:

9 Complete ONLY if direct expenditure to benefit COH

Date: 10.6.25

Payee name: DISH SOCIETY

Amount ($): 45.13

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Food Exp. Mtg

Description:

Check if Austin TX officeholder travel expense

Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name: Office sought: Office held:

Date: 10.6.25

Payee name: Chevron Houston

Amount ($): 62.49

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Travel out of District

Description: Austin

Check if Austin TX officeholder travel expense

Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions Made to Other Political Committees
Contributions/Loans Made by Candidate/Officeholder
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorial 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 (use 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
10.10.25

5 Payee name
Tech San Francisco CHCD

6 Amount ($)
425.75

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this section)
Consulting Fee

(b) Description

(c) Check if Candidate/Officeholder (See Complete Schedule)

Check if Austin Ex officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date
10.10.25

Payee name
Sunbuzz Prairie View

Amount ($)
25.15

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this section)
Food Exp Mtg

Description

Check if Candidate/Officeholder (See Complete Schedule)

Check if Austin Ex officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date
10.14.25

Payee name
Las Fuentes

Amount ($)
165.33

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this section)
Food Mtg Exp.

Description

Check if Candidate/Officeholder (See Complete Schedule)

Check if Austin Ex officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Contributions/Donations Made by Candidate/Officeholder/Political Committee
Credit Card Expense
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial 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 (Use only as appropriate listed category)

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
10.14.25

5 Payee name
Mobile Purchase 355 Bus. Hwy

6 Amount ($)
85.94

7 Payee address
City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the beginning of the instructions)
Gift

(b) Description

(c) [ ] Check here if this is a Corrected Schedule F1 Report

9 Complete ONLY if direct expenditure to benefit candidate/officeholder

[ ] Check if Payee is a candidate/officeholder campaign

Candidate / Officeholder name

Office sought

Office held

Date
10.14.25

Payee name
North Houston

Amount ($)
100.15

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the beginning of the instructions)
Donation

Description

[ ] Check if this is a Corrected Schedule F1 Report

Complete ONLY if direct expenditure to benefit candidate/officeholder

[ ] Check if Payee is a candidate/officeholder campaign

Candidate / Officeholder name

Office sought

Office held

Date
10.16.25

Payee name
Classic Events Cafe

Amount ($)
75.96

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the beginning of the instructions)
Food Expense Mtg.

Description

[ ] Check if this is a Corrected Schedule F1 Report

Complete ONLY if direct expenditure to benefit candidate/officeholder

[ ] Check if Payee is a candidate/officeholder campaign

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (not in any category 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
10.20.25

5 Payee name
Cuture Measures

6 Amount ($)
1500

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

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

(b) Description

(c) [ ] Check if Austin, Texas Complete Schedule J

[ ] Check if Payee is officeholder using expense

9 Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name

Office sought

Office held

Date
10.21.25

Payee name
Jose Jose Hernandez

Amount ($)
61.56

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

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

Description

[ ] Check if Austin, Texas Complete Schedule J

[ ] Check if Payee is officeholder using expense

Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name

Office sought

Office held

Date
10.20.25

Payee name
UBER

Amount ($)
60.15

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Travel out of Dist. Hotel

Description

[ ] Check if Austin, Texas Complete Schedule J

[ ] Check if Payee is officeholder using expense

Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 10.22.25

5 Payee name: Constant Contact

6 Amount ($): 71.16

7 Payee address | City | State | Zip Code

8 **PURPOSE OF EXPENDITURE**

(a) Category (See categories listed at the top of this schedule): Consulting Exp.

(b) Description

(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: 10.22.25

Payee name: Houston Livestock Rodeo

Amount ($): 415.00

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Donation

Description

[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

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

Date: 10.22.25

Payee name: TYLER SMITH

Amount ($): 250

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Donation

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 10.23.25

5 Payee name: Christa Houston

6 Amount ($): 150.00

7 Payee address: City; State; Zip Code

8 **PURPOSE OF EXPENDITURE**

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

(b) Description

(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: 10.23.25

Payee name: Cattuar

Amount ($): 53.00

Payee address: City; State; Zip Code

PURPOSE OF EXPENDITURE

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

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 10.24.25

Payee name: Breakfast Paradise

Amount ($): 49.57

Payee address: City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food Expense Mtg

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 10. 24. 25

5 Payee name: Valet

6 Amount ($): 45.00

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Exp.

(b) Description

(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: 10.28.25

Payee name: United Rivers FTW

Amount ($): 189.77

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Exp.

Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name; Office sought; Office held

Date: 10.29.25

Payee name: Shell Dallas

Amount ($): 59.77

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Travel out of Dis

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME: CFW FTH WORTH

3 Filer ID (Ethics Commission Filers)

4 Date: 10.29.25

5 Payee name:

6 Amount ($): 107.61

7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category: Event Expense

(b) Description:

(c) [ ] Check if candidate/officeholder from Complete Schedule I

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date: 10.29.25

Payee name: Novasota Shell

Amount ($): 57.84

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Travel out of District

Description:

[ ] Check if candidate/officeholder from Complete Schedule I [ ] Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date: 10.30

Payee name: HYATT Hotel Dallas

Amount ($): 394.70

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Travel out of Dist

Description:

[ ] Check if candidate/officeholder from Complete Schedule I [ ] Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date
11.6.25

5 Payee name
Nigel Haskel

6 Amount ($)
1000

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category
Event Exp

(b) Description

(c) Check Box(es) Indicating Item(s) Complete Schedule

Check if Applicable To officeholder-funded expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
11.14.25

Payee name
WALLER COUNTY CRIME STOPPERS

Amount ($)
1500

Payee address
Do

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category
Donation

Description

Check Box(es) Indicating Item(s) Complete Schedule

Check if Applicable To officeholder-funded expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
11.8.25

Payee name
HLSR

Amount ($)
180

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category
Donation

Description

Check Box(es) Indicating Item(s) Complete Schedule

Check if Applicable To officeholder-funded expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift Account Maintenance Expense
Legal Services

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

Scholarship/Campaign Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (refer to 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)

---

1 Date: 11.5.25

5 Payee name: SHHC

6 Amount ($): 700

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category: Donation

(b) Description

(c) ☐ Check if candidate of Texas Complete Schedule C

☐ Check if Austin Ex officeholder living expense

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

---

1 Date: 11.6.25

5 Payee name: 2920 Roasthouse

6 Amount ($): 6,988.19

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

Category: Candidate Event

Description

☐ Check if candidate of Texas Complete Schedule C

☐ Check if Austin Ex officeholder living expense

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

---

1 Date: 11. 8. 25

5 Payee name: HLSR

6 Amount ($): 850

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

Category: Donation

Description

☐ Check if candidate of Texas Complete Schedule C

☐ Check if Austin Ex officeholder living expense

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
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 (refer to 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: 11.3.25

5 Payee name: Vanessa Bryant

6 Amount ($): 70

7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category: Donation

(b) Description:

(c) Check if date is outside reporting period. Check if payee is employee.

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name: Office sought: Office held:

Date: 11.13.25

Payee name: [illegible] O'Neill Mc

Amount ($): 800

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Fee

Description:

Check if date is outside reporting period. Check if payee is employee.

Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name: Office sought: Office held:

Date: 11.17

Payee name: London Murphy

Amount ($): 1250

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Consulting Expense

Description:

Check if date is outside reporting period. Check if payee is employee.

Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 11.3.25

5 Payee name: ETA GAMMA

6 Amount ($): 725

7 Payee address; City; State; Zip Code

8 **PURPOSE OF EXPENDITURE**

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

(b) Description

(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: 11.3.25

Payee name: Publishing Concept

Amount ($): 470

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

Description

[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

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

Date: 11.4.25

Payee name: Justotets Rodeo

Amount ($): 70

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salary/Wages/Stipend/Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (refer to 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 Filer)
4 Date	5 Payee name	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/Donation to Unitary
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 (refer to Ethics Advisory Opinion No. 364)

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
11.4.25

5 Payee name
Groces

6 Amount ($)
185.53

7 Payee address

City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category
Food Exp. Mtg

(b) Description

(c) Check if Austin Technology Incubator expenditure

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

Date
11.5.25

Payee name
UBER

Amount ($)
67.27

Payee address

City State Zip Code

PURPOSE OF EXPENDITURE

Category
Mtg Expense

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Office holder name

Check if Austin Technology Incubator expenditure

Office Sought

Office Held

Date
11.6.25

Payee name
Bucees

Amount ($)
68.37

Payee address

City State Zip Code

PURPOSE OF EXPENDITURE

Category
Travel in District

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Check if Austin Technology Incubator expenditure

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Contribution
Office Overhead/Rent Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Campaign Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter an 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
11.7.25

5 Payee name
Shell oil

6 Amount ($)
89.16

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category
Commuting Exp/Gas

(b) Description

(c) Check if travel is out of town. 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
11.7.25

Payee name
Hooray

Amount ($)
67.15

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category
Mtg

Description

Check if travel is out of town. 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
11.10.25

Payee name
EMBEDO Coffee

Amount ($)
30.21

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category
Food Exp. Mtg

Description

Check if travel is out of town. 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense; Accounting/Banking; Consulting Expense; Contributions/Donations Made to Candidates/Officeholders/Political Committees; Event Expense; Fees; Food/Beverage Expense; Gift/Awards/Memorial Expense; Legal Services; Loan Repayment/Reimbursement; Office Overhead/Rent Expense; Polling Expense; Printing Expense; Salaries/Wages/Contract Labor; Solicitation/Fundraising Expense; Transportation Equipment & Related Expense; Travel In District; Travel Out of District; Other (must be 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
11.10.25

5 Payee name
PILOT HEMPSTEAD

6 Amount ($)
78.25

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category
Solicitation Exp

(b) Description

(c) Check if travel out of Texas. Complete Schedule T

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name; Office Sought; Office Held

Check if Austin TX officeholder listed above

Date
11.10.25

Payee name
Pilot Society

Amount ($)
85.15

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category
Food Exp. Mtg

Description

Check if travel out of Texas. Complete Schedule T

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name; Office Sought; Office Held

Check if Austin TX officeholder listed above

Date
11.12.25

Payee name
Double Dead Company

Amount ($)
250

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category
Donation

Description

Check if travel out of Texas. Complete Schedule T

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name; Office Sought; Office Held

Check if Austin TX officeholder listed above

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Gift/Flowers Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Contribution
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 (refer to 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: 11.12.25 | 5 Payee name: WALLER county

6 Amount ($): 100 | 7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE | (a) Category: Donation | (b) Description

(c) Check if Austin, TX officeholder living expense | Check if related to Texas Capitol Schedule I

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

Date: 11.13.25 | Payee name: Classic Events

Amount ($): 65.15 | Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category: Food/Mtg Exp | Description

Check if related to Texas Capitol Schedule I | Check if Austin, TX officeholder living expense

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

Date: 11.14.25 | Payee name: Jimmy Pappas

Amount ($): 100 | Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category: Donation | Description

Check if related to Texas Capitol Schedule I | Check if Austin, TX officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 11.14.25

5 Payee name: Culture Measure

6 Amount ($): 1000

7 Payee address: City: State: Zip Code:

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Consulting Expense

(b) Description

(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: 11.14.25

Payee name: UBER

Amount ($): 5815

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

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

Description

Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name / Office sought / Office held

Date: 11.17.25

Payee name: TAPPARAX

Amount ($): 65.73

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

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

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorial 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 (either no category 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
11.17.25

5 Payee name
Brussels

6 Amount ($)
60.15

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of the schedule)
Travel in District

(b) Description

(c) ☐ Check if Austin Ex. Complete Schedule I ☐ Check if Austin Ex. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
11.17.25

Payee name
UBER EVENTS

Amount ($)
325.63

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of the schedule)
Food Exp Mtg/Solicitation

Description

☐ Check if Austin Ex. Complete Schedule I ☐ Check if Austin Ex. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
11.19.25

Payee name
HoneyFund.com gift

Amount ($)
250.00

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

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

Description

☐ Check if Austin Ex. Complete Schedule I ☐ Check if Austin Ex. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Agriculture Expense
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
Salary/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 11.20.25

5 Payee name: Culture Measures

6 Amount ($): 1000

7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category: Camping Exp / Consulting

(b) Description:

(c) Check if Candidate/Officeholder Expenditure

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date: 11.20.25

Payee name: Bruegge Walker

Amount ($): 68.57

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

Category: Travel in District

Description:

Check if Candidate/Officeholder Expenditure

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

Date: 11.20.25

Payee name: Amazon

Amount ($): ~~250~~ 250

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

Category: Event Exp

Description:

Check if Candidate/Officeholder Expenditure

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
Consulting Expense
Contribution/Donations Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Food/Beverage/Entertainment Expense for Office Operations/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 an appropriate 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
4.24.25

5 Payee name
Flowers Bbq

6 Amount ($)
138.97

7 Payee address | City | State | Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of the schedule)
Dinners

(b) Description

(c) [ ] Check if Candidate/Officeholder Compels Solicitation [ ] Check if Austin Ex officio/officeholder expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date
11.24.25

Payee name
Assistant Assistant

Amount ($)
60.15

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of the schedule)
Committee Exp.

Description

[ ] Check if Candidate/Officeholder Compels Solicitation [ ] Check if Austin Ex officio/officeholder polling expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date
11.24.25

Payee name
Shell Katy

Amount ($)
77.15

Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of the schedule)
Travel in District

Description

[ ] Check if Candidate/Officeholder Compels Solicitation [ ] Check if Austin Ex officio/officeholder polling expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution Returned to Donor
Candidate/Officeholder Personal Expenses
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/Direct Mail Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date: 11.25.25

5 Payee name: PIATTO Restaurant

6 Amount ($): 75

7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category: Food Exp.

(b) Description:

(c) Check if Candidate/Officeholder Keeps Complete Schedule

Check if Applies To Officeholder-Related Expense

9 Complete ONLY if direct expenditure to benefit C/OH:

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11.26.25

Payee name: PVAMU Homecoming

Amount ($): 286

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Donation

Description:

Check if Candidate/Officeholder Keeps Complete Schedule

Check if Applies To Officeholder-Related Expense

Complete ONLY if direct expenditure to benefit C/OH:

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11.28.25

Payee name: 3' Bs

Amount ($): 36.15

Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE

Category: Event Exp.

Description:

Check if Candidate/Officeholder Keeps Complete Schedule

Check if Applies To Officeholder-Related Expense

Complete ONLY if direct expenditure to benefit C/OH:

Candidate / Officeholder name:

Office sought:

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial 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 an 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: 12.4.25 | 5 Payee name: Katy Petersen

6 Amount ($): 300 | 7 Payee address: | City: | State: | Zip Code:

8 PURPOSE OF EXPENDITURE | (a) Category: Donation | (b) Description:

(c) Check if travel out of Texas. Complete Schedule T | Check if Austin, TX officeholder travel expense

9 Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held

Date: 11.2025 | Payee name: Gov. Concept

Amount ($): 1100 | Payee address: | City: | State: | Zip Code:

PURPOSE OF EXPENDITURE | Category: Consulting Exp | Description:

Check if travel out of Texas. Complete Schedule T | Check if Austin, TX officeholder travel expense

Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held

Date: 12.15.25 | Payee name: Trek Company

Amount ($): 1800 | Payee address: | City: | State: | Zip Code:

PURPOSE OF EXPENDITURE | Category: Donation | Description:

Check if travel out of Texas. Complete Schedule T | Check if Austin, TX officeholder travel expense

Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Postage Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Not in a category 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
12.1.25

5 Payee name
WCAHC → Ender

6 Amount ($)
2500

7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this column)
Consulting Expense

(b) Description

(c) Check here if this is a Travel Category Schedule

Check if Payee is a candidate/officeholder being supported

9 Complete ONLY if direct expenditure to benefit CCEH

Candidate / Officeholder name | Office sought | Office held

Date
12.4.25

Payee name
Frederick Roberts

Amount ($)
800

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this column)
Consulting Exp

Description

Check if this is a Travel Category Schedule

Check if Payee is a candidate/officeholder being supported

Complete ONLY if direct expenditure to benefit CCEH

Candidate / Officeholder name | Office sought | Office held

Date
12.11.25

Payee name
Ostbergs Church

Amount ($)
225

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this column)
Donation

Description

Check if this is a Travel Category Schedule

Check if Payee is a candidate/officeholder being supported

Complete ONLY if direct expenditure to benefit CCEH

Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Contribution Expense
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 an appropriate 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: 12.29.25 | 5 Payee name: Mobay Hamath

6 Amount ($): 150 | 7 Payee address: | City | State | Zip Code

8 PURPOSE OF EXPENDITURE | (a) Category: Donation | (b) Description

(c) Check if Travel Out of District Complete Schedule T | Check if Applies To Officeholder Use Expense

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

Date: 12.1.25 | Payee name: ClubCorp Kingwood

Amount ($): 135 | Payee address: | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category: Fees | Description

Check if Travel Out of District Complete Schedule T | Check if Applies To Officeholder Use Expense

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

Date: 12.1.25 | Payee name: Buccees...

Amount ($): 78.15 | Payee address: | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category: Travel in District | Description

Check if Travel Out of District Complete Schedule T | Check if Applies To Officeholder Use Expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorial 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 (refer to 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
12.1.25

5 Payee name
Hilton Grand Vacations

6 Amount ($)
375.51

7 Payee address

City

State

Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule)
Travel out District

(b) Description

(c) Check if payee is one of these Category 1 Officeholders

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12.2.25

Payee name
Chevron Dallas

Amount ($)
85.57

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Travel out of Dist

Description

Check if payee is one of these Category 1 Officeholders

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12.4.25

Payee name
Snapping

Amount ($)
35.97

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Food Exp

Description

Check if payee is one of these Category 1 Officeholders

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Consulting Expense
Contributions Made by Candidate/Officeholder/Political Committee
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Loan Repayment/Guarantee
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 (use as 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
12.9.25

5 Payee name
Jo - Dinky

6 Amount ($)
898.42

7 Payee address
City State Zip Code

8 PURPOSE OF EXPENDITURE

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

(b) Description

(c) Check if this is a direct campaign expenditure

Check if Austin Ex officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12.10.25

Payee name
Laundryo

Amount ($)
128.79

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

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

Description

Check if this is a direct campaign expenditure

Check if Austin Ex officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12.10.25

Payee name
Culture Measures

Amount ($)
1800

Payee address
City State Zip Code

PURPOSE OF EXPENDITURE

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

Description

Check if this is a direct campaign expenditure

Check if Austin Ex officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	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: 12.15.25

5 Payee name: Shell Prairie View

6 Amount ($): 73.10

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Travel in District

(b) Description

(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: 12.15.25

Payee name: Dexter Macay

Amount ($): 100.

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

Description

[ ] Check if travel outside of Texas. Complete Schedule T.

[ ] Check if Austin, TX, officeholder living expense

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

---

Date: 12.22.25

Payee name: AMABA

Amount ($): 373.80

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME:

3 Filer ID (Ethics Commission Filers):

4 Date: 12.22.25

5 Payee name: Constant Contact

6 Amount ($): 101.56

7 Payee address: City / State / Zip Code

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): Consulting Exp

(b) Description:

(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: 12.24.25

Payee name: UBER

Amount ($): 42.73

Payee address: City / State / Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Travel out Dist

Description:

Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense

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

---

Date: 12.30.25

Payee name: ASC Shooting Clay

Amount ($): 80.40

Payee address: City / State / Zip Code

PURPOSE OF EXPENDITURE

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

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 THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/Donation Made by Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorial Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salary/Wage/Contract Labor
Solicitation Contribution Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date 12.31.25

5 Payee name HOLYAR - Rob

6 Amount ($) 150

7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category Donations

(b) Description

(c) ☐ Check if candidate/officeholder (see Complete Schedule)

☐ Check if payee is candidate/officeholder (see expenditure)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name

Office Sought

Office Held

Date

Payee name

Amount ($)

Payee address City State Zip Code

PURPOSE OF EXPENDITURE

Category (see Categories listed at the beginning of this section)

Description

☐ Check if candidate/officeholder (see Complete Schedule)

☐ Check if payee is candidate/officeholder (see expenditure)

Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name

Office Sought

Office Held

Date

Payee name

Amount ($)

Payee address City State Zip Code

PURPOSE OF EXPENDITURE

Category (see Categories listed at the beginning of this section)

Description

☐ Check if candidate/officeholder (see Complete Schedule)

☐ Check if payee is candidate/officeholder (see expenditure)

Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Food Expense
Fees
Gift/Flowers 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 (other than category 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

8 **PURPOSE OF EXPENDITURE** | (a) Category [See Categories listed at the top of this schedule] | (b) Description

(c) [ ] Check if Travel Out of District. Complete Schedule T | [ ] Check if Austin, TX officeholder-related expense

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

Date | Payee name

Amount ($) | Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category [See Categories listed at the top of this schedule] | Description

[ ] Check if Travel Out of District. Complete Schedule T | [ ] Check if Austin, TX officeholder-related expense

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

Date | Payee name

Amount ($) | Payee address | City | State | Zip Code

PURPOSE OF EXPENDITURE | Category [See Categories listed at the top of this schedule] | Description

[ ] Check if Travel Out of District. Complete Schedule T | [ ] Check if Austin, TX officeholder-related 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

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 NAME	2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Kathryn D. Jones

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Kathryn D. Jones

Signature of Officeholder