

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 MI KENDRIL D NICKNAME LAST SUFFIX JONES	OFFICE USE ONLY Date Received Waller Co. Elections JAN 28 2026 RECEIVED																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2180 PRAIRIE VIEW TX 77445																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 221.3086																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged																	
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 ()																		
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officerholder 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 Month Day Year 1 / 15 / 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)	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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">N/A</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"></td> <td style="padding: 5px;">N/A</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	N/A	☐ SPECIFIC	COMMITTEE ADDRESS		N/A		COMMITTEE CAMPAIGN TREASURER NAME		N/A		COMMITTEE CAMPAIGN TREASURER ADDRESS		N/A
COMMITTEE TYPE	COMMITTEE NAME																		
☐ GENERAL	N/A																		
☐ SPECIFIC	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

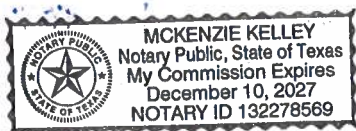
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kendric D. Jones

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kendric D. Jones this the 28th day of January,
2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of 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: 11.1.25

5 Full name of contributor: WILSON NONO

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 5K

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 11.1.25

Full name of contributor: JAY MORRIS

Contributor address; City; State; Zip Code

Amount of contribution (\$): 5K

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 11.1.25

Full name of contributor: LARRY SANAK

Contributor address; City; State; Zip Code

Amount of contribution (\$): 5K

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 11.1.25

Full name of contributor: NICK ALANIS

Contributor address; City; State; Zip Code

Amount of contribution (\$): 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 11.1.25	5 Full name of contributor ☐ out-of-state PAC ID# OLIVER SABER SALGADO	7 Amount of contribution (\$) 5K
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11.1.25	Full name of contributor ☐ out-of-state PAC ID# SANTIAGO CASTAÑEDA	Amount of contribution (\$) 5K
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11.1.25	Full name of contributor ☐ out-of-state PAC ID# ALI KASHAFAIR	Amount of contribution (\$) 2,500
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11.1.25	Full name of contributor ☐ out-of-state PAC ID# COBB FENDLEY PAC	Amount of contribution (\$) 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

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.

2 FILER NAME

1 Total pages Schedule A1

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

DANNY SIBNORELLI

6 Contributor address

City

State

Zip Code

2,500

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

DAVE HAMILTON

Contributor address

City

State

Zip Code

2,500

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

HAROLD UNDERWOOD

Contributor address

City

State

Zip Code

2,500

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

JIM RUSS

Contributor address

City

State

Zip Code

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

☐ out-of-state PAC ID#

7 Amount of contribution (\$)

11.1.25

GABE JOHNSON

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

MINDY C

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

PAUL KWAN

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

RICKY BONZALIZ

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

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

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

1,000

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.

2 FILER NAME

1 Total pages Schedule A1

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

DAVID BALMOS

6 Contributor address

City

State

Zip Code

1000

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

DAVID GARCIA

Contributor address

City

State

Zip Code

1000

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

DON MIDDLETON

Contributor address

City

State

Zip Code

2000

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

KRISTIN MORRIS

Contributor address

City

State

Zip Code

1000

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

MICHAEL KASKA

6 Contributor address:

City:

State:

Zip Code:

1000

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

MATT ZEVE

Contributor address:

City:

State:

Zip Code:

1000

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

TIM BUSCH

Contributor address:

City:

State:

Zip Code:

1000

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

JAY SUNDERWALA

Contributor address:

City:

State:

Zip Code:

1000

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

MARK

DESSENS

6 Contributor address:

City

State

Zip Code

1000

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

Contributor address:

City

State

Zip Code

1000

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

Contributor address:

City

State

Zip Code

1000

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

Contributor address:

City

State

Zip Code

1000

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

JEFF CANNON

6 Contributor address:

City:

State:

Zip Code

500

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

TIA BAKER

Contributor address:

City:

State:

Zip Code

500

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

JAMES

Contributor address:

City:

State:

Zip Code

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out of state PAC ID#

Amount of contribution (\$)

11.1.26

NATHAN JUNIUS

Contributor address:

City:

State:

Zip Code

1000

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.

2 FILER NAME		1 Total pages Schedule A1.	
3 Filer ID (Ethics Commission Filer)		7 Amount of contribution (\$)	
4 Date	5 Full name of contributor ☐ out of state PAC ID#	6 Contributor address: City, State, Zip Code	
11.1.25	BROOK CREENECK	1000	
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	
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	
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	
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.

2 FILER NAME

1 Total pages Schedule A1

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

6 Contributor address,

City

State

Zip Code

1000

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

Contributor address,

City

State

Zip Code

1000

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

Contributor address,

City

State

Zip Code

1000

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

Contributor address,

City

State

Zip Code

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.

2 FILER NAME

1 Total pages Schedule A1.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out of state PAC ID#

7 Amount of contribution (\$)

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 (\$)

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 (\$)

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 (\$)

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

SYED

HAQ

6 Contributor address:

City:

State:

Zip Code

500

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

RANDI

Z

Contributor address:

City:

State:

Zip Code

500

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

PERDUE, BRANDON FEILDER, COLLINS

Contributor address:

City:

State:

Zip Code

500

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

NICHOLAS

B

Contributor address:

City:

State:

Zip Code

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 10.9.23	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) MUSCH BLACKWELL	8 Amount of Contribution \$ 297.50	9 In-kind contribution description ETHICS QUESTIONS
7 Contributor address; City; State; Zip Code		☐ 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) MUSCH 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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ 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#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ 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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ 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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ 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#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ 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/Budgeting
Consulting Expense
Candidate's/Officeholder's Materials
Candidate/Officeholder Political Committee
Fundraising Expense

Event Expense
Travel
Food/Beverage Expense
Gift/Awards/Entertainment Expense
Legal Services

Loan Requirement/Financing
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Substantial Fundraising Expense
Transportation/Equipment & Related Expenses
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 Filer)
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 APR 22 2025
9 Complete ONLY if direct expenditure to benefit C/OH	(c) ☐ Check if direct expenditure to C/OH (Complete Schedule F) Candidate / Officeholder name Payee name Date 8.12.25 Amount (\$) 40.00 PURPOSE OF EXPENDITURE DONATION	☐ Check if direct expenditure to C/OH (Complete Schedule F) Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name Date 8.20.26 Amount (\$) 120.00 PURPOSE OF EXPENDITURE Donation / EVENT EXP.	☐ Check if direct expenditure to C/OH (Complete Schedule F) Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name Date 8.20.26 Amount (\$) 120.00 PURPOSE OF EXPENDITURE Donation / EVENT EXP.	☐ Check if direct expenditure to C/OH (Complete Schedule F) 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
Fundraising Expenses
Contributions Donations Made By
Candidate/Officeholder Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Entertainment Expenses
Legal Services

Loan Repayment/Reimbursement
Office/Communication/Travel Expense
Printing Expenses
Fundraising Expenses
Salaries/Wages/Contract Labor

Golf/Club/Entertainment Expense
Transportation/Equipment/Related Expense
Travel In District
Travel Out Of District
Other (under 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 BREAKFAST PARADISE 6 Amount (\$) 44.00 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (b) Description Food Exp / Mtg. (c) ☐ Clerk / Aide (X) officeholder living expense

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

Date 8.1.25 Payee name SUCCESS WALLER Amount (\$) 32.24 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category (b) Description Travel in District (c) ☐ Clerk / Aide (X) officeholder living 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 (b) Description Event Exp. (c) ☐ Clerk / Aide (X) 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	Food/Refreshment/Entertainment	Sold/Used/Leased/Transportation Expense
Accounting/Banking	Fund	Office/Overhead/Rent/Expense	Transportation/Equipment/Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Award/Donation Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder Political Committee	Legal Services		Office/Contract/Equipment (Listed Above)
Food/Travel Payment			

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 8.5.25 5 Payee name Culture Measures

6 Amount (\$) 1500 7 Payee address City State Zip Code 78101

8 PURPOSE OF EXPENDITURE (a) Category (b) Description Consulting Fee

9 Complete ONLY if direct expenditure to benefit (COB) Candidate/Officeholder name Office sought Office held

Date 9.6.25 Payee name Shell Prairie View

Amount (\$) 62.39 Payee address City State Zip Code 78101

PURPOSE OF EXPENDITURE Category Description Travel in District

Complete ONLY if direct expenditure to benefit (COB) Candidate/Officeholder name Office sought Office held

Date 8.6.25 Payee name Purppasat

Amount (\$) 44.00 Payee address City State Zip Code 78101

PURPOSE OF EXPENDITURE Category Description Food Mtg.

Complete ONLY if direct expenditure to benefit (COB) 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	Local Representation/Representation	State and/or federal campaign expense
Accounting/Banking	Fees	Office/Representation/Travel Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Advance/Membership Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

4 Date 8.18.25 5 Payee name UBER

6 Amount (\$) 57.95 7 Payee address City State Zip Code

8 (a) Category PURPOSE OF EXPENDITURE Travel out District (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH (c) 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 Mtg exp. (b) Description

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

Date 8.22.25 Payee name E16 CONSTANT

Amount (\$) 51.16 Payee address City State Zip Code

PURPOSE OF EXPENDITURE CONSULTING (b) Description

Complete ONLY if direct expenditure to benefit C/OH (c) 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	Food Preparation/Entertainment	Other (attach and describe expense)
Accounting/Banking	Fuel	Office/Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food Beverage Expense	Printing Expense	Travel In District
Candidate/Officeholder Material	Gift/Award/Memorial Expense	Postage Expense	Travel Out Of District
Candidate/Officeholder Political Contribution	Legal Services	Salaries/Wages/Contract Labor	Other (enter in category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

4 Date 8.25.25 5 Payee name Resuman, Sherry

6 Amount (\$) 71.25 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category: Event Expense (b) Description: Event Exp

9 Complete ONLY if direct expenditure to benefit GOvt (c) Check if direct to GOvt: ☐ 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 Expense (b) Description: Travel in District

Complete ONLY if direct expenditure to benefit GOvt (c) Check if direct to GOvt: ☐ 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 (b) Description: Donation

Complete ONLY if direct expenditure to benefit GOvt (c) Check if direct to GOvt: ☐ 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
Candidate/Officeholder/Political Committee
Cost/Staff Payroll

Travel Expense
Fees
Food/Beverage Expense
Gift/Award/Memorabilia Expense
Legal Services

Loan/Payroll/Board/Management
Office/Government/Political Expense
Printing Expense
Publicity Expense
Salaries/Wages/Contract Labor

Substantial Unincurred 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

6 Amount (\$)

7 Payee address

Buckshot Roadhouse

500

8
PURPOSE
OF
EXPENDITURE

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

(b) Description

Event Exp

(c) ☐ Check if paid outside of Texas (complete below)

Check if Austin, TX office (enter agency or office)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
9.9.25

Payee name

Amount (\$)

Payee address

Car Concepts

650

PURPOSE
OF
EXPENDITURE

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

Description

Consulting Fee

Check if paid outside of Texas (complete below)

Check if Austin, TX office (enter agency or office)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
9.11.25

Payee name

Amount (\$)

Payee address

Shell PV

35.61

PURPOSE
OF
EXPENDITURE

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

Description

Travel in District

Check if paid outside of Texas (complete below)

Check if Austin, TX office (enter agency or office)

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 Expenses
Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services
Loan Repayment/Loan Interest
Office Equipment/Rental Expense
Printing Expense
Printing Expense
Salaries/Wages/Contract Labor
Substantive/Investigative 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 Files)
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 (Use Categories listed at the top of this schedule) Food/Bev. exp	(b) Description 2025.9.18
9 Complete ONLY if direct expenditure to benefit C/OH	(c) ☐ (Check if candidate of Texas) (except for foreign) Candidate / Officeholder name Office sought Office held	
Date 9.22.25	Payee name Hill Road Rock	
Amount (\$) 89.27	Payee address City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule) Travel out of Dist	Description 2025.9.22
Complete ONLY if direct expenditure to benefit C/OH	☐ (Check if candidate of Texas) (except for foreign) 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 (Use Categories listed at the top of this schedule) consulting	Description 2025.9.22
Complete ONLY if direct expenditure to benefit C/OH	☐ (Check if candidate of Texas) (except for foreign) 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
Printing Expense
Candidate's/Denominator's Mail
Candidate's/Officeholder's Postcard/Commemorative
Credit Card Payment

Event Expense
Food
Local Newspaper Expense
Gift/Award/Memorial Expense
Legal Services

Travel Requested/Reimbursement
Office Overhead/Rent/Utilities
Printing Expense
Printing Expense
Salaries/Wages/Contract Labor

Secretariat/Personal Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Office rent in 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 has not done Texas Complete Schedule	☐ Check if Austin TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit CO/CR	Candidate / Officeholder name	Office sought Office held
Date 9.12.25	Payee name Lmange	
Amount (\$) 76.67	Payee address City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Exps	Description
	☐ Check if has not done Texas Complete Schedule	☐ Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit CO/CR	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 has not done Texas Complete Schedule	☐ Check if Austin TX officeholder living expense
Complete ONLY if direct expenditure to benefit CO/CR	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 (Excluded if made by:
Candidate/Officeholder, Political Committee,
Employer/Union)

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

Food/Beverage/Transportation
Office Operations/Postal Expense
Printing Expense
Publicity Expense
Salaries/Wages/Contract Labor

Telephone/Postage Expense
Transportation/Equipment/Travel Expense
Travel In District
Travel Out of District
Office center in 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: 9.23.25 5 Payee name: KRE: RESTURANT ROUND ROCK 6 Amount (\$): 45.81 7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE (a) Category: (b) Description: Conference End Exp (c) ☐ Check if Austin TX officeholder/leg expense ☐ Check if Austin TX officeholder/leg expense 9 Complete ONLY if direct expenditure to benefit COH Candidate/Officeholder name: Office sought: Office held:

Date: 8.27.25 5 Payee name: Prairie View AGM Foundation 6 Amount (\$): 200 7 Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE (a) Category: (b) Description: Donation (c) ☐ Check if Austin TX officeholder/leg expense ☐ Check if Austin TX officeholder/leg expense 9 Complete ONLY if direct expenditure to benefit COH Candidate/Officeholder name: Office sought: Office held:

Date: 9.25.25 5 Payee name: Shell and 6 Amount (\$): 73.95 7 Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE (a) Category: (b) Description: Travel back to District (c) ☐ Check if Austin TX officeholder/leg expense ☐ Check if Austin TX officeholder/leg expense 9 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
Fund Contribution

Travel Expense
Fees
Food/Beverage Expense
Gift/Award/Demonstration Expense
Legal Services

Loan/Financing/Financing
Office/Personal Rental Expense
Printing Expense
Production Expense
Salaries/Wages/Contract Labor

Substantive/Investigative 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 10.1.25	5 Payee name Keep Pattison Beautiful	
6 Amount (\$) 50.00	7 Payee address City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule.) Donation	(b) Description
9 Complete ONLY if direct expenditure to benefit C/OH	(c) ☐ Check if included on Form 7 (Complete Schedule F) Candidate / Officeholder name Payee name Payee address City State Zip Code	☐ Check if Award, TX officeholder campaign expense Office sought Office held
Date 10.14.25	Amount (\$) 550	
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule.) Consulting Exp.	Description
Complete ONLY if direct expenditure to benefit C/OH	☐ Check if included on Form 7 (Complete Schedule F) Candidate / Officeholder name Payee name Payee address City State Zip Code	☐ Check if Award, TX officeholder campaign expense Office sought Office held
Date 10.3.25	Amount (\$) 1500	
PURPOSE OF EXPENDITURE	Category (Use Categories listed at the top of this schedule.) Consulting Exp.	Description
Complete ONLY if direct expenditure to benefit C/OH	☐ Check if included on Form 7 (Complete Schedule F) Candidate / Officeholder name Payee name Payee address City State Zip Code	☐ Check if Award, TX officeholder campaign expense 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
Candidate's/Officeholder's Mail/Postage
Candidate/Officeholder Political Committee
Conduit Fund Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorabilia Expense
Legal Services

Travel/Transportation/Entertainment
Office/Equipment/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Substantial Consulting Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter category/expense 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
10.3.25

5 Payee name

Parabiking Concept

6 Amount (\$)

300

7 Payee address

City

State

Zip Code

8

PURPOSE
OF
EXPENDITURE

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

Advertising Exp

(b) Description

(c) ☐ Check if Award/Entertainment Expense (Complete Schedule F)

Candidate / Officeholder name

Office sought

Office held

9 Complete ONLY if direct
expenditure to benefit C/OH

Date
10.6.25

Payee name

DISH SOCIETY

Amount (\$)

45.13

Payee address

City

State

Zip Code

PURPOSE
OF
EXPENDITURE

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

Fuel Exp. Mtg

(b) Description

(c) ☐ Check if Award/Entertainment Expense (Complete Schedule F)

Candidate / Officeholder name

Office sought

Office held

Complete ONLY if direct
expenditure to benefit C/OH

Date
10.25

Payee name

Chevron Houston

Amount (\$)

62.49

Payee address

City

State

Zip Code

PURPOSE
OF
EXPENDITURE

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

Travel out of District
altern

(b) Description

(c) ☐ Check if Award/Entertainment Expense (Complete Schedule F)

Candidate / Officeholder name

Office sought

Office held

Complete ONLY if direct
expenditure to benefit C/OH

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	Travel Expense	Loan Repayment/Reimbursement	Substantive Fundraising Expense
Accounting Bookkeeping	Fees	Office Equipment Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Candidate's Expenses Made By	Cafe/Bar/Meal/Memorial Expense	Printing Expense	Travel Out of District
Candidate's Office/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Candidate's Payroll			

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 10.10.25	5 Payee name Tech San Francisco CKED	
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 schedule.) Consulting Fee	(b) Description
9 Complete ONLY if direct expenditure to benefit C/O	(c) ☐ Check if candidate's or officeholder's expense Candidate / Officeholder name	☐ Check if Auditor's or officeholder's expense Office sought Office held
Date 10.10.25	Payee name Saulman Placid View	
Amount (\$) 25.15	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule.) Food Exp Mtg	Description
Complete ONLY if direct expenditure to benefit C/O	☐ Check if candidate's or officeholder's expense Candidate / Officeholder name	☐ Check if Auditor's or officeholder's expense 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 schedule.) Food Mtg Exp.	Description
Complete ONLY if direct expenditure to benefit C/O	☐ Check if candidate's or officeholder's expense Candidate / Officeholder name	☐ Check if Auditor's or officeholder's expense 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/Merchandise
Candidate/Officeholder Political Committee
Credit Card Payment
Event Expense
Food
Food Beverage Expense
Gift/Award/Memorabilia Expense
Hotel/Seminars
Loan Repayment/Reimbursement
Office Governmental Rental Expense
Polling Expense
Postage Expense
Salaries/Wages/Contract Labor
Solid State and Landmark 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 Filer)

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 top of this schedule) (b) Description (c) ☐ Check if Audit: Ex-officio/legislative expense
Candidate/Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit COH Date 10.14.25 Payee name North Houston Category (See categories listed at the top of this schedule) Description Amount (\$) 100.15 City State Zip Code

PURPOSE OF EXPENDITURE Denotation ☐ Check if Audit: Ex-officio/legislative expense
Candidate/Officeholder name Office sought Office held

Date 10.16.25 Payee name Classic Events Cafe Category (See categories listed at the top of this schedule) Description Amount (\$) 75.96 City State Zip Code

PURPOSE OF EXPENDITURE Fund Expense Mtg. ☐ Check if Audit: Ex-officio/legislative expense
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 Expenses
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expenses
Fees
Food/Beverage Expenses
Gifts/Awards/Demonstrative Expenses
Legal Services

Local Recruitment/Recruitment
Office/Communication/Travel Expenses
Printing Expenses
Salaries/Wages/Contract Labor

Substantive/Investigative Expenses
Transportation/Equipment/Related Expenses
Travel In District
Travel Out of District
Other (under 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 Filer)

4 Date
10.20.15

5 Payee name
Culture Measures

6 Amount (\$)

7 Payee address
City State Zip Code

1500

8
PURPOSE OF EXPENDITURE

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

(b) Description

Consulting

(c) ☐ Direct travel out of Texas (complete Schedule F)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
10.21.25

Payee name
Joe Joe Hansen

Amount (\$)

Payee address
City State Zip Code

61.56

PURPOSE OF EXPENDITURE

Category (from categories listed at the top of this schedule)

Description

Event Expense

☐ Direct travel out of Texas (complete Schedule F)

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
10.20.25

Payee name
Uber

Amount (\$)

Payee address
City State Zip Code

60.15

PURPOSE OF EXPENDITURE

Category (from categories listed at the top of this schedule)

Description

Travel out of Dist. Mtg

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
Fundraising Expenses Made By
Candidate/Officeholder/Political Committee
Fund/Loan Payment
Event Expense
Food
Fundraising Expense
Gift/Award/Donation Expense
Legal Services
Lobbying/Political Fundraising
Office/Overhead/Political Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
State/Local/Transportation Expense
Transportation/Equipment/Related Expense
Travel In/Out of State
Travel Out of District
Other (per 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 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 (b) Description

8 PURPOSE OF EXPENDITURE (a) Category (b) Description

8 PURPOSE OF EXPENDITURE (a) Category (b) Description

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

Date 10.22.25 Payee name Houston Investments LLC

Amount (\$) 415.00 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category Description

PURPOSE OF EXPENDITURE Category Description

PURPOSE OF EXPENDITURE Category Description

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 Description

PURPOSE OF EXPENDITURE Category Description

PURPOSE OF EXPENDITURE Category 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 Expenses Accounting/Bookkeeping Consulting Expenses Contributions/Contributions Made By Candidate/Officeholder/Political Committee Fund Raising Expenses	Event Expenses Fees Food/Beverage Expenses Gift/Award/Memorabilia Expenses Legal Services	Loan Repayment/Reimbursement Office/Commercial Rental Expenses Printing Expenses Postage Expenses Salaries/Wages/Contract Labor	State and/or Federal Campaign Expenses Transportation/Equipment & Related Expenses 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 Files)

4 Date 10.23.25 5 Payee name Clara Houston 6 Amount (\$): 150.00 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category: Donation (b) Description: (c) ☐ Check if payee is not a Texas Corporation/charity. Candidate / Officeholder name Office sought Office held

Date: 10.23.25 Amount (\$): 53.00 PURPOSE OF EXPENDITURE (a) Category: Event Expense (b) Description: (c) ☐ Check if payee is not a Texas Corporation/charity. Candidate / Officeholder name Office sought Office held

Date: 10.24.25 Amount (\$): 49.57 PURPOSE OF EXPENDITURE (a) Category: Food Expense (b) Description: (c) ☐ Check if payee is not a Texas Corporation/charity. Candidate / Officeholder name Office sought Office held

PURPOSE OF EXPENDITURE (a) Category: Food Expense (b) Description: (c) ☐ Check if payee is not a Texas Corporation/charity. 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	Sole natural fundraising Expense
Accounting/Banking	Food	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By:	Gift/Award/Memorial Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter category not listed above)
End of List Payee			

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 10.24.25 5 Payee name Valet 7 Payee address City State Zip Code

6 Amount (\$) 45.00

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Event Exp. (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH (c) ☐ Check if direct expenditure to Texas Legislative Schedule ☐ Check if Austin TX officeholder living expense Candidate/Officeholder name Office sought Office held

Date 10.28.25 Payee name United Rivers FTW Payee address City State Zip Code

Amount (\$) 189.77

PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Event Exp. (b) Description

Complete ONLY if direct expenditure to benefit C/OH (c) ☐ Check if direct expenditure to Texas Legislative Schedule ☐ Check if Austin TX officeholder living expense Candidate/Officeholder name Office sought Office held

Date 10.29.25 Payee name Shell Dallas Payee address City State Zip Code

Amount (\$) 59.77

PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Travel out of Dist (b) Description

Complete ONLY if direct expenditure to benefit C/OH (c) ☐ Check if direct expenditure to Texas Legislative Schedule ☐ Check if Austin TX officeholder living expense 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
Candidate's/Laborer's Made By
Candidate's Office/Political Organization
Credit Card Payment

Food Expense
Fuels
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Unemployment
Office Communication Expense
Printing Expense
Postage Expense
Salaries/Wages/Contract Labor

Salaries and Wages 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 (See Categories listed at the top of this schedule) Event Expense	(b) Description
9 Complete ONLY if direct expenditure to benefit C/O	(c) ☐ Candidate / Officeholder name Novasata Shell	☐ Office sought ☐ Office held
Date 10.29.25	Payee name	
Amount (\$) 57.84	Payee address City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District	Description
Complete ONLY if direct expenditure to benefit C/O	☐ 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 (See Categories listed at the top of this schedule) Travel out of Dist	Description
Complete ONLY if direct expenditure to benefit C/O	☐ 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/Disbursement
Office Construction/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Schedule of Fundraising Expense
Transportation/Equipment & Related Expense
Travel to District
Direct 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 Filer)
4 Date 11.6.25	5 Payee name Nigel Acosta	
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) Event exp	(b) Description
9 Complete ONLY if direct expenditure to benefit C(OH)	(c) ☐ Check if direct expenditure to benefit C(OH) Candidate / Officeholder name Payee name Date 11.14.25 Amount (\$) 1500 PURPOSE OF EXPENDITURE Donation	Office sought Office held City: State: Zip Code:
Complete ONLY if direct expenditure to benefit C(OH)	Candidate / Officeholder name Payee name Date 11.8.25 Amount (\$) 150 PURPOSE OF EXPENDITURE Donation	Office sought Office held City: State: Zip Code:

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's Legal Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Award/Memorabilia Expense
Legal Services
Loan Repayment/Interest and
Office Overhead/Rent/Electricity
Printing Expense
Postage Expense
Salaries/Wages/Contract Labor
Travel/Transportation 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 Filer)

4 Date 11.5.25 5 Payee name SHHC 6 Amount (\$): 700 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category: Denotation (b) Description: (c) ☐ Check if candidate of Texas General Election ☐ Check if candidate for office whose campaigning expense Candidate / Officeholder name Office sought Office held

9 Date: 11.6.25 10 Payee name: 2920 Posthouse 11 Amount (\$): 6,988.19 12 Payee address City State Zip Code

13 PURPOSE OF EXPENDITURE (a) Category: Candidate Event (b) Description: (c) ☐ Check if candidate of Texas General Election ☐ Check if candidate for office whose campaigning expense Candidate / Officeholder name Office sought Office held

14 Date: 11.8.25 15 Payee name: HCSR 16 Amount (\$): 850 17 Payee address City State Zip Code

18 PURPOSE OF EXPENDITURE (a) Category: Denotation (b) Description: (c) ☐ Check if candidate of Texas General Election ☐ Check if candidate for office whose campaigning expense 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/Budgeting
Consulting Expense
Contribution/Donation/Entirety
Candidate/Officeholder Political Committee
Direct Self-Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Wardrobe/Memorabilia Expense
Legal Services

Loan Repayment/Interest/Interest
Office/Conduct/Political Expense
Printing Expense
Postage Expense
Salaries/Wages/Contributor

Substantive 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 Filer)

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 (b) Description Donation (c) Candidate / Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH Date 11.13.25 Payee name Dr. Ornell Mc 600 Payee address City State Zip Code

PURPOSE OF EXPENDITURE FEE Category Description Candidate / Officeholder name Office sought Office held

Date 11.17 Payee name London Murphy 1250 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Consulting Expense Category Description 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 Expenses
Accounting Expenses
Fundraising Expenses
Contributions Received Made By
Candidate/Officeholder Political Committee
Candidate Payment

Fund Expenses
Travel
Food/Beverage Expenses
Gift/Award/Memorabilia Expenses
Legal Services

Loan Repayment/Reimbursement
Office Operating/Travel Expenses
Printing Expenses
Postage Expense
Salaries/Wages/Contract Labor

Political Fundraising Expenses
Transportation/Equipment & Related Expenses
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 Filer)

4 Date 11.3.25 5 Payee name ETA GAMMA 6 Amount (\$) 725 7 Payee address City State Zip Code

8 (a) Category (See Categories listed at the top of this schedule) (b) Description Duration (c) ☐ Check if candidate/officeholder Campaign Schedule ☐ Check if August TX officeholder filing expense

9 Complete ONLY if direct expenditure to benefit COOH 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) Description Fees (c) ☐ Check if candidate/officeholder Campaign Schedule ☐ Check if August TX officeholder filing expense

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

Date 11.4.25 Payee name Justinck Roden Amount (\$) 70 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Fees (c) ☐ Check if candidate/officeholder Campaign Schedule ☐ Check if August TX officeholder filing expense

Complete ONLY if direct expenditure to benefit COOH 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 Expenses	Event Expenses	Travel Expenses/Travel Arrangements	Substantiation Fundraising Expenses
Accounting Expenses	Fees	Office Expenses/Rental Expenses	Transportation Equipment & Rental Expenses
Consulting Expenses	Food/Beverage Expenses	Printing Expenses	Travel In District
Contributions/Donations Made By	Gift/Award/Memorandum Expenses	Postage Expenses	Travel Out Of District
Candidate/Candidate-Pending Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Candidate/Payee			

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 Expenses
Accounting (Bookkeeping) Expenses
Consulting Expenses
Contributions/Donations Made by
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expenses
Fees
Food/Beverage Expenses
Gifts/Awards/Memorials Expenses
Legal Services

Loan Repayment/Interest on Loan
Office/Conferences/Rental Expenses
Printing Expenses
Salaries/Wages/Contract Labor

Substantive Fundraising Expenses
Transportation Equipment & Expenses
Travel in District
Travel Out of District
Other Center/Secretary/Political Laboratory

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 11.4.25	5 Payee name Threes									
6 Amount (\$) 185.53	7 Payee address City: State: Zip Code:									
8 PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>(a) Category (See Categories listed at the top of this schedule)</td> <td>(b) Description</td> </tr> <tr> <td>Food Exp. Mtg</td> <td></td> </tr> <tr> <td>(c) ☐ Check if outside of Texas Campaign Schedule</td> <td></td> </tr> <tr> <td>Candidate / Officeholder name</td> <td> ☐ Check if Austin TX officeholder being expense Office sought Office held </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule)	(b) Description	Food Exp. Mtg		(c) ☐ Check if outside of Texas Campaign Schedule		Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held
(a) Category (See Categories listed at the top of this schedule)	(b) Description									
Food Exp. Mtg										
(c) ☐ Check if outside of Texas Campaign Schedule										
Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held									
9 Complete ONLY if direct expenditure to benefit C/OH										
Date 11.5.25	Payee name UBER									
Amount (\$) 67.27	Payee address City: State: Zip Code:									
PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description</td> </tr> <tr> <td>Mtg Expense</td> <td></td> </tr> <tr> <td>☐ Check if outside of Texas Campaign Schedule</td> <td></td> </tr> <tr> <td>Candidate / Officeholder name</td> <td> ☐ Check if Austin TX officeholder being expense Office sought Office held </td> </tr> </table>		Category (See Categories listed at the top of this schedule)	Description	Mtg Expense		☐ Check if outside of Texas Campaign Schedule		Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held
Category (See Categories listed at the top of this schedule)	Description									
Mtg Expense										
☐ Check if outside of Texas Campaign Schedule										
Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held									
Complete ONLY if direct expenditure to benefit C/OH										
Date 11.8.25	Payee name Bucars									
Amount (\$) 68.37	Payee address City: State: Zip Code:									
PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description</td> </tr> <tr> <td>Travel in District</td> <td></td> </tr> <tr> <td>☐ Check if outside of Texas Campaign Schedule</td> <td></td> </tr> <tr> <td>Candidate / Officeholder name</td> <td> ☐ Check if Austin TX officeholder being expense Office sought Office held </td> </tr> </table>		Category (See Categories listed at the top of this schedule)	Description	Travel in District		☐ Check if outside of Texas Campaign Schedule		Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held
Category (See Categories listed at the top of this schedule)	Description									
Travel in District										
☐ Check if outside of Texas Campaign Schedule										
Candidate / Officeholder name	☐ Check if Austin TX officeholder being expense Office sought Office held									
Complete ONLY if direct expenditure to benefit C/OH										

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	Food Expense	Food Service Expense	Transportation Expense
Accounting Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense
Contributions Expense	Fuel Expense	Food Service Expense	Transportation Expense

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 11.7.25 5 Payee name Shell oil 6 Amount (\$1) 89.16 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (b) Description (c) Candidate / Officeholder name Office sought Office held

11.7.25 Harrys 67.15 Category Description Candidate / Officeholder name Office sought Office held

11.10.25 EMBEDO Coffee 30.21 Category Description Candidate / Officeholder name Office sought Office held

11.10.25 EMBEDO Coffee 30.21 Category Description Candidate / Officeholder name Office sought Office held

Food Exp. Mtg Category Description 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 Expenses
Accounting Expenses
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Organization
Contractual Expenses

Event Expenses
Food
Food/Beverage Expenses
Gift/Awards/Memorabilia Expenses
Legal Services

Travel/Registration/Transportation
Office Expenses, per Diem Expenses
Printing Expenses
Postage Expenses
Salaries/Wages/Contract Labor

Substantive Fundraising Expenses
Transportation/Equipment & Materials Expenses
Travel Out of District
Travel Out of District
Other nondescript category (not listed category)

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 11.10.25 5 Payee name PILOT HEMPSEAD

6 Amount (\$) 78.25 7 Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (b) Description Solicitation Exp

9 Complete ONLY if direct expenditure to benefit COH (c) Check if Applicant Texas Suspended Subject

Date 11.10.25 Payee name Push Society

Amount (\$) 85.15 Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE (a) Category (b) Description Food Exp. Mtg

Complete ONLY if direct expenditure to benefit COH (c) Check if Applicant Texas Suspended Subject

Date 11.12.25 Payee name Double Good Company

Amount (\$) 250 Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE (a) Category (b) Description Donation

Complete ONLY if direct expenditure to benefit COH (c) Check if Applicant Texas Suspended Subject

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	Travel Expense	Loan Repayment/Reimbursement	Registration/Lodging Expense
Accounting/Bookkeeping Expense	Fees	Office Overhead/Reimb. Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Candidate/Officeholder Election Committee	Gift/Award/Memorabilia Expense	Postage 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 Form)	
4. Date 11.12.25		5. Payee name WALLER County			
6. Amount (\$) 100		7. Payee address		City	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Duration				
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate/officeholder of Texas, Complete Schedule F		☐ Check if Auditor, TX, officeholder filing expense		
	Candidate / Officeholder name		Office sought		Office held
Date 11.13.25		Payee name Classin Events			
Amount (\$) 65.15		Payee address		City	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Food/Mtg Exp				
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate/officeholder of Texas, Complete Schedule F		☐ Check if Auditor, TX, officeholder filing expense		
	Candidate / Officeholder name		Office sought		Office held
Date 11.14.25		Payee name Jenny Pappas			
Amount (\$) 100		Payee address		City	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Duration				
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate/officeholder of Texas, Complete Schedule F		☐ Check if Auditor, TX, officeholder filing expense		
	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
Air Conditioning Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorabilia Expense
Legal Services

Travel/Requirement/Transportation
Office/Government Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Subsistence/Entertainment 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 Filer)

4 Date 11.14.25 5 Payee name Culture Messenger

6 Amount (\$) 1000 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (b) Description Counting Expense

9 Complete ONLY if direct expenditure to benefit COB (c) Candidate / Officeholder name Office sought Office held

Date 11.14.25 Payee name UBER

Amount (\$) 50.15 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category Description Fees

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

Date 11.17.25 Payee name TAPPAN, AX

Amount (\$) 65.73 Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category Description Food Mtg

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

```

1  word { :apostrophe
2  }
3  }
4  find { :apostrophe
5  }
6  find { :apostrophe
7  }
8  find { :apostrophe
9  }
10 }
```

1. 在 2010 年 12 月 31 日，A 公司应计提的坏账准备为：
 2. 在 2010 年 12 月 31 日，A 公司应计提的坏账准备为：
 3. 在 2010 年 12 月 31 日，A 公司应计提的坏账准备为：
 4. 在 2010 年 12 月 31 日，A 公司应计提的坏账准备为：

Trade National Importation of Exports
Transportation Equipment & Related Components
Travel Agencies
Travel and Lodging
Other vehicles as identified by local law enforcement

The Instruction Guide explains how to complete this form

1 Total pages: Schedule 1:1		2 FILER NAME		3 Filer ID (Ethics Commission Files)	
4 Date	11.17.25	5 Payee name	Bucella	6 City	State Zip Code
5 Amount (\$)	60.15	7 Payee address			
8	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off (a) Category (see categories listed at the top of this schedule) Travel in District ☐ Check if travel is direct to C-Off (Complete Schedule 1) ☐ Check if travel is for official campaign/office expense (b) Description				
9	Complete ONLY if direct expenditure to benefit C-Off Date 11.17.25 Amount (\$) 325.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off Date 11.17.25 Amount (\$) 325.63				
10	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off Date 11.19.25 Amount (\$) 250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off Date 11.19.25 Amount (\$) 250.00				
11	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off Date 11.19.25 Amount (\$) 250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C-Off Date 11.19.25 Amount (\$) 250.00				

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 Expenses
Accounting/Banking
Consulting Expenses
Contributions Donated By
Candidate/Officeholder Political Committee
Gift Card Payment

Event Expenses
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expenses
Legal Services

Travel/Transportation/Memberment
Office/Charitable Rental Expense
Printing Expenses
Political Expenses
Salaries/Wages/Contract Labor

Signatories Fundraising Expenses
Transportation/Equipment & Rental 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 Filer)
4 Date 11.20.25	5 Payee name Culver, Heather	
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) Campaign Exp / Consulting	(b) Description
9 Complete ONLY if direct expenditure to benefit (CCH)	(c) ☐ Check if expenditure to pay Candidate/Officeholder	☐ Check if August TX officeholder living expense
Date 11.20.25	Candidate / Officeholder name Payee name Buccon, Walter	Office sought Office held
Amount (\$) 68.37	Payee address City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description
Complete ONLY if direct expenditure to benefit (CCH)	☐ Check if August TX officeholder living expense	☐ Check if August TX officeholder living expense
Date 11.20.25	Candidate / Officeholder name Payee name Armark	Office sought Office held
Amount (\$) 250	Payee address City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event exp	Description
Complete ONLY if direct expenditure to benefit (CCH)	☐ Check if August TX officeholder living expense	☐ Check if August TX officeholder living expense
Date	Candidate / Officeholder name Payee name	Office sought Office held
Amount (\$)	Payee address City: State: Zip Code:	

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	Food Expense	Food/Equipment/Seating/Setup	Transportation/Transportation Expense
Accounting/Bookkeeping	Fuel	Office/Officehold/Political Expense	Transportation/Equipment/Related Expense
Convention/Travel/Other	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Expenditures Made by	Gift/Award/Memorabilia Expense	Postage Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter category not listed above)
Credit Card Purchase			

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 Shop	6 Amount (\$) 138.97
7 Payee address	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule) Dinner	(b) Description Dinner for 2 people
9 Complete ONLY if direct expenditure to benefit COH	(c) ☐ Check if direct expenditure to Texas Congress/Senate Candidate / Officeholder name	☐ Check if Austin TX office/holder/legislative expense Office sought Office held
Date 11.24.25	Payee name Constant Contact	Amount (\$) 60.15
7 Payee address	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule) Consulting Exp.	(b) Description Consulting services
9 Complete ONLY if direct expenditure to benefit COH	(c) ☐ Check if direct expenditure to Texas Congress/Senate Candidate / Officeholder name	☐ Check if Austin TX office/holder/legislative expense Office sought Office held
Date 11.24.25	Payee name Shell Katy	Amount (\$) 77.15
7 Payee address	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule) Travel in District	(b) Description Travel in District
9 Complete ONLY if direct expenditure to benefit COH	(c) ☐ Check if direct expenditure to Texas Congress/Senate Candidate / Officeholder name	☐ Check if Austin TX office/holder/legislative expense 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 Expenses
Accounting Expenses
Consulting Expenses
Contributions/Donations Made By
Candidate/Officer/holder Political Committee
Credit Card Payment

Event Expenses
Fees
Food/Beverage Expenses
Gift/Awards/Memorabilia Expenses
Legal Services

Travel/Registration/Reimbursement
Office/Chartered/Rental Expenses
Polling Expenses
Printing Expenses
Salaries/Wages/Contract Labor

Substantive Fundraising Expenses
Transportation/Equipment & Related Expenses
Travel In District
Travel Out of District
Office Center in 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 11.25.25	5 Payee name PIATTO Restaurant	
6 Amount (\$) 75	7 Payee address City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this page) Food Exp	(b) Description
9 Complete ONLY if direct expenditure to benefit C/OH	(c) ☐ Clerk of Austin Tx official/holder expenses Candidate/Officer/holder name Office sought Office held	
Date 11.26.25	Payee name P/AMU Hinesburg	
Amount (\$) 286	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this page) Donation	Description
Complete ONLY if direct expenditure to benefit C/OH	☐ Clerk of Austin Tx official/holder expenses Candidate/Officer/holder 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 (See Categories listed at the top of this page) Event Exp	Description
Complete ONLY if direct expenditure to benefit C/OH	☐ Clerk of Austin Tx official/holder expenses Candidate/Officer/holder 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	Food/Entertainment/Recreation Expense	Political Fundraising Expense
Accounting Expense	Fuel	Office Overhead/Travel Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift Awards/Memorials Expense	Postage Expense	Travel Out Of District
Candidate/Officeholder Election Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter an category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
4 Date 12.4.25	5 Payer name Katy Katsouris	
6 Amount (\$) 300	7 Payee address	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (from Categories listed at the top of this schedule) Donation	(b) Description
	(c) ☐ Check if travel is for a Texas Governor/Senator Candidate / Officeholder name Office sought Office held	☐ Check if Award (to officeholder/agent expense)
9 Date 11.20.25	10 Payer name Gov. Guenther	
11 Amount (\$) 1100	12 Payee address	City State Zip Code
13 PURPOSE OF EXPENDITURE	(a) Category (from Categories listed at the top of this schedule) Consulting Exp	(b) Description
	(c) ☐ Check if travel is for a Texas Governor/Senator Candidate / Officeholder name Office sought Office held	☐ Check if Award (to officeholder/agent expense)
14 Date 12.15.25	15 Payer name Tech Agency	
16 Amount (\$) 1800	17 Payee address	City State Zip Code
18 PURPOSE OF EXPENDITURE	(a) Category (from Categories listed at the top of this schedule) Donation	(b) Description
	(c) ☐ Check if travel is for a Texas Governor/Senator Candidate / Officeholder name Office sought Office held	☐ Check if Award (to officeholder/agent expense)

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 Expenses
Accounting Expenses
Consulting Expenses
Candidate/Officeholder Political Committee
Fundraising Expenses

Event Expenses
Food/Beverage Expenses
Gift/Awards/Memorabilia Expenses
Legal Services

Loan Repayment/Interest Payment
Office of Candidate/Officeholder Expenses
Polling Expenses
Printing Expenses
Salaries/Wages/Contract Labor

Substantive Fundraising Expenses
Transportation Equipment & Related Expenses
Travel In District
Travel Out of District
Other (if such 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 12.1.25 5 Payee name WCAHC -> Zula 7 Payee address City State Zip Code

6 Amount (\$) 2500

8 PURPOSE OF EXPENDITURE (a) Category (b) Description Consulting Expense (c) Check if applicable: Texas Campaign Disclosure Act

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 12.4.25 Payee name Frederick Robert Payee address City State Zip Code

Amount (\$) 800 PURPOSE OF EXPENDITURE Category (b) Description Consulting Exp (c) Check if applicable: Texas Campaign Disclosure Act

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 12.11.25 Payee name Robert Clark Payee address City State Zip Code

Amount (\$) 225 PURPOSE OF EXPENDITURE Category (b) Description Donation (c) Check if applicable: Texas Campaign Disclosure Act

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	Travel Expense	Board/Repayment/Reimbursement	Public Relations/Institutional Expense
Accounting Expense	Travel Expense	Office Operation/Rental Expense	Transportation/Equipment & Related Expense
Complimentary Expense	Travel Expense	Printing Expense	Travel in District
Contributions/Donations/Related	Gift/Award/Memorabilia Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter in category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filer)
4 Date 12.29.25	5 Payee name Mehy Smith	6 Amount (\$) 150
7 Payee address	City	State Zip Code
8	(a) Category (see Categories listed at the top of this schedule) Postage	(b) Description Postage
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate for Texas Congress (Schedule F) Candidate / Officeholder name	☐ Check if Agent TX officeholder filing expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Payee name	
Date 12.1.25	Payee address	City State Zip Code
Amount (\$) 135	Category (see Categories listed at the top of this schedule) Fees	Description Fees
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate for Texas Congress (Schedule F) Candidate / Officeholder name	☐ Check if Agent TX officeholder filing expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Payee name	
Date 12.1.25	Payee address	City State Zip Code
Amount (\$) 78.15	Category (see Categories listed at the top of this schedule) Travel in District	Description Travel in District
PURPOSE OF EXPENDITURE	(c) ☐ Check if candidate for Texas Congress (Schedule F) Candidate / Officeholder name	☐ Check if Agent TX officeholder filing expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Payee name	

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/Bank fees
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Legal Fees/Payroll

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Transportation

Travel/Registration/Board/Management
Office/Coordination/Political Expense
Printing Expense
Salaries/Wages/Contract Labor

Substantive Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter in 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 Filing)

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 (select category listed at the top of this schedule)

(b) Description

Travel out District

(c) ☐ Check if Austin, TX, officeholder's home expense

Check if Austin, TX, officeholder's home expense

9 Complete ONLY if direct expenditure to benefit COH

Candidate / Officeholder name

Office sought

Office held

Date
12.2.25

Payee name

Chesron Dallas

Amount (\$)

85.57

Payee address

City

State

Zip Code

PURPOSE OF EXPENDITURE

Category (select category listed at the top of this schedule)

Description

Travel out of Dist

☐ Check if Austin, TX, officeholder's home expense

Check if Austin, TX, officeholder's home expense

Complete ONLY if direct expenditure to benefit COH

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 (select category listed at the top of this schedule)

Description

Food Exp

☐ Check if Austin, TX, officeholder's home expense

Check if Austin, TX, officeholder's home 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
Transportation Expense
Contributions/Donations/Mailings
Candidate/Officeholder Political Committee
Cost of Good Will

Food Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Expenses

Travel/Transportation/Communication
Office Operation/Travel Expense
Printing Expense
Postage Expense
Salaries/Wages/Contract Labor

Production/Printing Expense
Transportation/Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter 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
12.9.25

5 Payee name

To Duly

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

9 Complete ONLY if direct expenditure to benefit C/OH

(c) ☐ Check if outside of Texas (Complete Schedule F)

☐ Check if Austin TX (Officeholder living expense)

Candidate / Officeholder name

Office sought

Office held

Date
12.10.25

Payee name

Jansbury

Amount (\$)

128.79

Payee address

City

State

Zip Code

PURPOSE
OF
EXPENDITURE

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

ptg fund exp

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

☐ Check if outside of Texas (Complete Schedule F)

☐ Check if Austin TX (Officeholder living expense)

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

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

Consulting exp

(b) Description

Complete ONLY if direct expenditure to benefit C/OH

☐ Check if outside of Texas (Complete Schedule F)

☐ Check if Austin TX (Officeholder living expense)

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
Gifts/wards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office of Candidate/Poll Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Schedule/Financial Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter 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 File #)

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 (check category listed at the top of this schedule) (b) Description Travel in District

9 Complete ONLY if direct expenditure to benefit C/OB (c) Check if expenditure of Texas Campaign Committee Candidate / Officeholder name Office sought Office held

Date 12.15.25 Payee name Dexter Meany

Amount (\$) 100 Payee address City State Zip Code

PURPOSE OF EXPENDITURE (a) Category (check category listed at the top of this schedule) (b) Description Donation

Complete ONLY if direct expenditure to benefit C/OB (c) Check if expenditure of Texas Campaign Committee Candidate / Officeholder name Office sought Office held

Date 12.22.25 Payee name AMBA

Amount (\$) 373.00 Payee address City State Zip Code

PURPOSE OF EXPENDITURE (a) Category (check category listed at the top of this schedule) (b) Description Fee

Complete ONLY if direct expenditure to benefit C/OB (c) Check if expenditure of Texas Campaign Committee 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	Travel Expense	Board Membership/Board Appointment	Entertainment/Entertainment Expense
Accounting/Bookkeeping	Travel	Office Operating/Rental Expense	Transportation/Transportation Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Ethics Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter in category not listed above)
Candidate Payment			

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 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)	(b) Description Consulting Exp
9 Complete ONLY if direct expenditure to benefit C/OH	(c) ☐ Check if candidate/officeholder/employee of candidate/officeholder	☐ Check if Agent TX officeholder/employee
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)	Description Travel met Dist
Complete ONLY if direct expenditure to benefit C/OH	☐ Check if candidate/officeholder/employee of candidate/officeholder	☐ Check if Agent TX officeholder/employee
Date 12.30.25	Payee name ASC Shantay Clay	
Amount (\$) 80.40	Payee address City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Fee
Complete ONLY if direct expenditure to benefit C/OH	☐ Check if candidate/officeholder/employee of candidate/officeholder	☐ Check if Agent TX officeholder/employee
	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 Expenses	Event Expenses	Food/Beverage Expenses	Salaries/Wages/Contract Labor
Accounting Expenses	Fees	Gift/Awards/Memorabilia Expenses	Security Expenses
Conducting/Donations Made By	Postage	Printing Expenses	Travel In/District
Candidate/Officeholder Political Committee	Transportation	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payments	Telephone	Travel Out Of District	Other (enter in 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 12.31.25 5 Payee name HOLYAR - Rob 6 Amount (\$) 150 7 Payee address City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (Use Categories listed at the top of this schedule) (b) Description Donations (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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 (a) Category (Use Categories listed at the top of this schedule) (b) Description (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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 (a) Category (Use Categories listed at the top of this schedule) (b) Description (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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 (a) Category (Use Categories listed at the top of this schedule) (b) Description (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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 (a) Category (Use Categories listed at the top of this schedule) (b) Description (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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 (a) Category (Use Categories listed at the top of this schedule) (b) Description (c) [] Check if Awarded to Officeholder/Complete Schedule F [] Check if Awarded to Officeholder/Complete Schedule F 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

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 Cost of Good/Service	Travel Expense Fees Food/Beverage Expense Gift/Awards/Memorabilia Expense Local Services	Travel/Transportation/Severance Office/Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Telecommunications/Information Expense Transportation/Equipment & Related Expense Travel In/Out of State Travel Out of District Other (enter 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 Filer)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address	City State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (Use Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Clerk of District of Texas (Complete Schedule F)	☐ Clerk of Austin, TX (Official order buying 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	(a) Category (Use Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Clerk of District of Texas (Complete Schedule F)	☐ Clerk of Austin, TX (Official order buying 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	(a) Category (Use Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Clerk of District of Texas (Complete Schedule F)	☐ Clerk of Austin, TX (Official order buying 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.



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.



Signature of Officeholder