CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commi 00080101		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph Cole			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/16/2023	
	NICKNAWE	Hefner		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	806 County Road 4510				December 11	Ta
ADDRESS					Receipt #	Amount
Change of Address	Mount Pleasant, TX 75455				Date Processed	
					Jaio 1 1000000	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	Bill				
INAIVIL						
	NICKNAME	LAST		SUFFIX		
		Priefert				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP [.]	Γ / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER	66 County Road 2040	,,		•		•
ADDRESS						
(Residence or Business)	Mount Pleasant, TX 75455					
	Would reason, 17 75455					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER PHONE	(903) 572-1741					
8 REPORT		_	_	_	_	
TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	
		1 ,	Ш	reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
			eneral	Special	<u>—</u>	
		"	0110141	ороона.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	F (if known)	
III OFFICE	State Representative Distri	ict 5		State Represent		
	State Representative Distri	ict 5		State Represent	tative District 5	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 66

13 C / OH NAME	Hefner, Joseph Cole	(The Honorable)	14 Filer ID 00080101	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political c in made without the candidate's or office t this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTION	S (OTHER THAN PLEDGES, LOANS,	
TOTALS		ES OF LOANS, OR CONTRIBUTION		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$ 17,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 51,659.19
CONTRIBUTION BALANCE	5. TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY OF THE	\$ 126,414.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		Lougar or office	m under popultu of perium, that the co	nomen in a report in
			m, under penalty of perjury, that the act t and includes all information required t Election Code.	
			The Honorable Joseph Cole He	fner
			Signature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and s	eal of office.	
Cionatura of eff	oor administaries	Drinted name of officer a limit	lictoring Title of all a	r administering action
Signature of office	cer administering	Printed name of officer admir	ilstering little of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 66
l	LER NAN	ME oseph Cole (The Honorable)	19 Filer ID 00080101	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,050.00
2.		\$			
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	51,659.19
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	2,500.00

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/66			
2	FILER NAME Hefner, Jose	ph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	n Filers)		
4	Date 06/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00		
_		Corpus Christi, TX 78401	la = 1 (0 1 1 ii	Ĺ				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_Autry, Evan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78739						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 06/28/2023				Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701						
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Henderson, John Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)				
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_HillCo PAC Outributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>				
			I					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/66	
2	FILER NAME Hefner, Jose	eph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	n Filers)
4	Date 06/29/2023	5 Full name of contributor out-of-state PAC (ID#:_ Howard, Jay 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Independent Bankers Association of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Keener, Justin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Second Floor Strategies LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/66	
2	FILER NAME Hefner, Jose	eph Cole (The Honorable)		3	Filer ID (Ethics Commission 00080101	on Filers)
4	Date 06/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ The Posey Law Firm, PC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77055-7211)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Whitmire & Munoz Political Fund Contributor address; City; State; Zip Code Houston, TX 77007			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/59 Rpt: 7/66 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 03/06/2023 24 Diner 6 Amount (\$) Payee address; State; Zip Code \$42.80 600 N Lamar Blvd Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/08/2023 **ABC Printing** Amount (\$) Payee address; City; State; Zip Code \$882.24 1300 Alpine Rd Longview, TX 75601 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Certificate Printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/27/2023 Amazon.com, Inc. Amount (\$) Payee address: City; State; Zip Code \$12.94 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/59 Rpt: 8/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/09/2023	Amazon.com, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.00	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee Gift
		Committee Ont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/22/2023	Arellano, David
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	313 W N St.
	Ψ133.00	SIS WIN St.
		Fmon, TV 75440
L	DUDD 0.5	Emory, TX 75440
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/03/2023	Arturo's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.70	314 W. 17th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1: Sch: 3/59 Rpt: 9/66	FILER NAME Hefner, Joseph Cole (The Honorable)		3	Filer ID 00080101	(Ethics Commission Filers)
4	Date 06/26/2023	5 Payee name Avance, Shaun		<u> </u>		
6	Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 105 Tower Lane				
8	PURPOSE OF EXPENDITURE	Naples, TX 75568 (a) Category (See Categories listed at the top of this schedule) Event Expense		, TX	ide of Texas. Com, , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld
	Date 06/27/2023	Payee name Barrett, Rendy				
	Amount (\$) \$135.00	Payee address; City; State; Zip Code 300 Buster Holcomb Apt 203A Mount Pleasant, TX 75455				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	ш	, TX	ide of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld
	Date 02/21/2023	Payee name Berry Communications				
	Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 1014 W. Milton St.				
		Austin, TX 78704				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		, TX	ide of Texas. Com	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica 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)	_
	Sch: 4/59 Rpt: 10/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	_
	06/20/2023	Bettis, Lynn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$200.00	606 Christopher St	
		Quitman, TX 75783	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event Security	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	_
	03/23/2023	Blossom Flower Delivery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.70	8309 Laurel Canyon Blvd	
		#141	
		Sun Valley, CA 91352	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Memorial Flower Arrangement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/23/2023	Capitol Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.31	1400 Congress Ave	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting to Discuss Officeholder Matters	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	n 	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide ex	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 5/59 Rpt: 11/66	Hefner, Jo	seph Cole (The Honor	able)				00080101		
4	Date	5 Payee name	Э							
	01/12/2023	Chick-fil-A								
6	Amount (\$) \$49.31	7 Payee addro 503 W Ma Austin, TX	rtin Luther King Blvd	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE		See Categories listed at the top o	f this schedule)	(b)	_	, TX	ide of Texas. Com , officeholder living USS Officeho	expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name	e							
	02/17/2023	Chick-fil-A								
	Amount (\$) \$42.79	Payee addro 503 W Ma Austin, TX	rtin Luther King Blvd	State; Zip Co	ode					
	PURPOSE OF EXPENDITURE		See Categories listed at the top o crage Expense	f this schedule)	(b)	<u></u>	, TX	ide of Texas. Com , officeholder living USS Officeho	j expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	03/13/2023	Chick-fil-A								
	Amount (\$) \$25.64	Payee addro	ess; City; rtin Luther King Blvd	State; Zip Co	ode					
		Austin, TX	78701							
	PURPOSE OF EXPENDITURE		See Categories listed at the top o	f this schedule)	(b)	ш	, TX	ide of Texas. Com , officeholder living USS Officeho	expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office he	eld	

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission File	ers)
	Sch: 6/59 Rpt: 12/66	Hefner, Jo	seph Cole (The Ho	onorable)					00080101		
4	Date	5 Payee name	е								
	05/18/2023	Chick-fil-A									
6	Amount (\$)	7 Payee addre			Zip Coo	de					
	\$53.44	503 W Mai	rtin Luther King Bl	/d							
		A	70704								
L		Austin, TX									
8	PURPOSE OF		See Categories listed at the	top of this sche	edule)	(b) I	Description Check if travel of	Outei	de of Texas Com	plete Schedule T.	
	EXPENDITURE	Loog/Reve	rage Expense				=		officeholder living		
							Meeting to Di	scl	ıss Officeho	lder Matters	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	0	office soug	ght			Office he	eld	
	Date	Payee name									
	04/18/2023	City Park \	/alet LLC								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	de					
	\$15.00	P.O. Box 1	.44631								
		Austin, TX	78714								
	PURPOSE	(a) Category (s	See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			ļ	<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
							Parking	, , ,	omeenoidei iiviiiliį	, expellac	
							3				
	Complete ONLY if direct		ficeholder name	0	office soug	ght			Office he	eld	
	expenditure to benefit C/OH	Н									
	Date	Payee name									
	06/08/2023	City of Gilr	ner								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$250.00	110 Buffalo	o St								
		Gilmer, TX	75644								
	PURPOSE	(a) Category (See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Event Exp	ense				_		de of Texas. Com officeholder living	plete Schedule T.	
						ļ	Event Space			g expense	
							- 1 - 10000	. 3			
	Complete ONLY if direct	Candidate/Of	ficeholder name	0	office soug	ght			Office he	eld	
	expenditure to benefit C/OH	H									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages	s/Contract Labor		Fravel Out of Dis DTHER (enter a	strict category not listed above	e)
1	Total pages Schedule F1:	P FILER NAME		12	3 F	iler ID	(Ethics Commission	ı Filers)
	Sch: 7/59 Rpt: 13/66	Hefner, Joseph Cole (The Honorable)				00080101	(Lanes Commission	11 11013)
4	Date	Payee name						
	06/29/2023	Collendrina, Michael						
6	Amount (\$) \$180.00	7 Payee address; City; State; Zip Co 510 Mell Avenue	de					
		Gilmer, TX 75644						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Event Expense					plete Schedule T.	
				Check if Austin, T		ilicenoluei liviili	j expense	
				Event Security				
<u>_</u>	Complete ONLY 'C. "	Condidate/Officeholder re-	- J			Off.	al al	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
	Date	Payee name						
	06/21/2023	Dairy Queen						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$24.85	700 S Main St.						
	¥=							
		Quitman, TX 75783						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense		Check if travel ou				
				Check if Austin, T				
				Meeting to Dis	cus	s Oniceno	iluei Malleis	
	0 1: 0:11:4"					0.00		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt			Office he	eia	
	Date	Payee name						
	04/13/2023	DoorDash						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$46.49	303 2nd St.						
		Ste. 800						
		San Francisco, TX 94107						
	DUDDO05		4.					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if traval out	itoida	of Toyon Com	plete Schedule T.	
	EXPENDITURE	Food/Beverage Expense		Check if Austin, T				
				Meeting to Dis				
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt			Office he	ald	
	expenditure to benefit C/OI	Candidate/Officeriolider flattle Office Sou	grit			Office He	ziu -	
	•							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/59 Rpt: 14/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/29/2023	East Texas Yamboree Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	106 Buffalo St
		Gilmber, TX 75644
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Event Sponsorship
_	0 1: 01:14 7 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/20/2023	Fulce, Stephen
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	575 CR 3144
		Quitman, TX 75783
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Security
		Event Security
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Dayso namo
	05/23/2023	Payee name Gilmer Civic Center
	Amount (\$)	
	\$300.00	Payee address; City; State; Zip Code 1218 Us Hwy 271 N
	φ300.00	1210 OSTIWY 271 IV
		Cilmon TV 75044
		Gilmer, TX 75644
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Space Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/59 Rpt: 15/66		Hefner, Jos	eph Cole (The H	onorable)					00080101	
4	Date	5	Payee name								
	03/23/2023	(Gilmer ISD	Foundation							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$400.00	:	245 North E	Bradford Street							
		'	Gilmer, TX	75644							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ns/Donations Mad						de of Texas. Com	
		'	Candidate/0	Officeholder/Politi	ical Comm	ittee		Event Sponso		officeholder living	expense
								_vo.it oponot	اں،	P	
9	Complete ONLY if direct	C	andidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O	Н				•					
	Date		Payee name								
	01/03/2023	(Google Inc.								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$25.58	:	1600 Amph	itheatre Pkwy							
			Mountain V	iew, CA 94043							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees					=		de of Texas. Com officeholder living	
								Campaign Er			сурснос
								g			
	Complete ONLY if direct		andidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/01/2023	ı	Google Inc.								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$25.58] :	1600 Amph	itheatre Pkwy							
			Mountain V	iew, CA 94043							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees					ш		de of Texas. Com	
								Campaign Er		officeholder living	expense
								-ampaign Li		00	
	Complete ONLY if direct	C	andidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O	Н				•					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
l	Sch: 10/59 Rpt: 16/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	03/01/2023	Google Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$25.58	1600 Amphitheatre Pkwy	
l			
l		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Email Fee	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	'		
l	Date	Payee name	
	04/03/2023	Google Inc.	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.58	1600 Amphitheatre Pkwy	
l			
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Campaign Email Fee	
		Can page 2 name of	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
l	05/01/2023	Google Inc.	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.58	1600 Amphitheatre Pkwy	
l		,	
l		Mountain View, CA 94043	
┝	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Email Fee	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientale to beliefft G/OI	· ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/59 Rpt: 17/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/01/2023	Google Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.58	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Fee
		Campaign Email 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/26/2023	Greater Hawkins Veterans Memorial Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 274
		Hawkins, TX 75765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.89	6001 W. Parmer Ln.
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food, Beverage, and Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office acusts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/59 Rpt: 18/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/23/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.55	6001 W. Parmer Ln.
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food, Beverage, and Supplies for Capitol Office
		r coa, zororago, ama cappino ioi capito. emisc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/08/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.24	6001 W. Parmer Ln.
		Austin, TX 78727
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food, Beverage, and Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.99	6001 W. Parmer Ln.
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food, Beverage, and Supplies for Capitol Office
		1 ood, beverage, and supplies for explicit Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:				
Sch: 13/59 Rpt: 19/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101			
4 Date	5 Payee name			
03/20/2023	HEB			
6 Amount (\$) \$62.19	7 Payee address; City; State; Zip Code6001 W. Parmer Ln.			
	A . () . TV 70707			
	Austin, TX 78727			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Food, Beverage, and Supplies for Capitol Office			
O Complete Chill V St. alia	Condidate/Officeholder name Office sought			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
02/14/2023	HEB			
Amount (\$)	Payee address; City; State; Zip Code			
\$39.69	6001 W. Parmer Ln.			
	Austin, TX 78727			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Food, Beverage, and Supplies for Capitol Office			
Commission ONLY if discost	Condidate/Officeholder name Office sought Office hold			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/27/2023	Hefner, Cole			
Amount (\$)	Payee address; City; State; Zip Code			
\$6,208.65	806 CR 4510			
	Mount Pleasant, TX 75455			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Campaign Mileage Reimbursement (3/2/22- 12/31/22)			
0 1. 6				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
3.,50	experience to perionic exert			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/Wa The Instruction Guide explains how to com	ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	<u> </u>	-	3 Filer ID (Ethics Commission Filers)
1				<u> </u>
	Sch: 14/59 Rpt: 20/66	Hefner, Joseph Cole (The Honorable)		00080101
4	Date	Payee name		
	06/27/2023	Herschel's		
6	Amount (\$)	Payee address; City; State; Zip Cod	<u></u> е	
	\$41.28	1612 S Jefferson St		
	÷ .2.20			
		Mt Diagont TV 75455		
		Mt Pleasant, TX 75455		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE	Food/Beverage Expense	<u>—</u>	outside of Texas. Complete Schedule T.
			_	n, TX, officeholder living expense
			weeting to D	iscuss Officeholder Matters
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held
L				
	Date	Payee name		
	04/17/2023	Hobby Lobby		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$438.65	8000 Research Blvd		
	Ψ-30.00			
		A		
		Austin, TX 78758		
	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	ш	outside of Texas. Complete Schedule T.
			_	n, TX, officeholder living expense
			Framing for C	Sapitor Office
<u> </u>	Operation ONE VIII II	Our distant (Office helder reserve		Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held
L	- parametric 20 20 none 0/01			
	Date	Payee name		
	03/06/2023	I Fratelli Pizza		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$23.77	501 W 15th St		
		Austin, TX 78701		
_	DUDD05-	т.		
	PURPOSE OF	, , ,	b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	ш	outside of Texas. Complete Schedule 1. , TX, officeholder living expense
			ш	iscuss Officeholder Matters
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	Sandidate/Officeriolder name Office soug		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/59 Rpt: 21/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/08/2023	IBC Bank Plaza Parking Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	500 W. 5th St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies name
	05/30/2023	Payee name Industry Restaurant
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.82	1211 E. 5th St.
		Ste. 150
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	D-4-	
	Date	Payee name
	02/02/2023	La Barbecue
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.75	2401 E Cesar Chavez
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wieeting to Discuss Officeriolder Matters
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbegoeder) and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/59 Rpt: 22/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/09/2023	Laura's Cheesecake
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.01	109 N. Madison
		Mount Pleasant, TX 75455
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Wiceting to Discuss Officerolder Watters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	06/22/2023	Lewis, Keith
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	313 W N St.
	Ψ133.00	SIS WIN St.
		Emory, TX 75440
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Event Security
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Data	
	Date	Payee name
	06/01/2023	Lillie Russell Memorial Library
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	200 E Hubbard St
		Lindale, TX 75771
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Space Rental
		Event Space Nemai
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)
_	Sch: 17/59 Rpt: 23/66	Hefner, Joseph Cole (The Honorable)	00080101
4	Date	5 Payee name	'
	05/01/2023	Lindale Area Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	205 S Main St.	
		Lindale, TX 75771	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Design	cription
	OF EXPENDITURE	1000	Check if travel outside of Texas. Complete Schedule T.
		I	Check if Austin, TX, officeholder living expense Mbership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
_	expenditure to benefit C/OI		Cilido fisia
	Date	Payee name	
	01/03/2023	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.59	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desi	cription
	OF EXPENDITURE	1 663	Check if travel outside of Texas. Complete Schedule T.
		I — I —	Check if Austin, TX, officeholder living expense ail List Fee
			all List Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
	02/03/2023	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.59	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Design	cription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	l —	Check if Austin, TX, officeholder living expense
		Ema	ail List Fee
	Operation ONE VIII II	Conditate (Office helder many	Office hall
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/59 Rpt: 24/66 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name Mailchimp 03/03/2023 6 Amount (\$) Payee address; City; State; Zip Code \$122.59 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email List Fee** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/03/2023 Mailchimp Amount (\$) Payee address; City; State; Zip Code \$122.59 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email List Fee** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/03/2023 Mailchimp Amount (\$) Payee address: City: State; Zip Code \$122.59 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email List Fee** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/59 Rpt: 25/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/05/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.59	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email List Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/06/2023	Main Street Check
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.51	920 19th St
	401.01	
		North Birmingham, AL 35203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Check Reorder
		Campaign check reduct
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/08/2023	Martin's
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.10	2808 Guadalupe St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to Discuss Officeholder Matters
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	1
1	Total pages Schedule F1:	
	Sch: 20/59 Rpt: 26/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/26/2023	Matt's El Rancho
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.12	2613 S. Lamar Blvd.
		Auctin TV 70704
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		Meeting to Discuss Officeriolder Matters
<u>_</u>	0 1. 5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/04/2023	Miller, Tiffany
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	102 E Ross
		Suite A
		Rockwall, TX 75087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2023	Nicholson, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	12445 Alameda Trace Circle
		Apt. 618
		Austin, TX 78727
_	DUDDOCE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
ntal Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District
Travel Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/59 Rpt: 27/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/17/2023	Patriot Promotional Products
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$164.07	80 Franklin Rd
		Fitchburg, MA 01420
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Committee Gifts
		Committee Girls
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2023	Patterson, Jared
	Amount (\$)	Payee address; City; State; Zip Code
	\$632.76	P.O. Box 5419
		Frisco, TX 75035
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel Reimbursement
		Tiotal Normalisation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Dougo nama
	01/12/2023	Payee name Phoebe's Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.82	408 W. 11th St.
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters
		iviceting to Discuss Officeriolider ividuces
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel in Distric Travel Out of D	
	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)
	Sch: 22/59 Rpt: 28/66	Hefner, Joseph Cole (The Honorable)		00080101	
4	Date	5 Payee name			
	02/24/2023	Phoebe's Diner			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$89.89	408 W. 11th St.			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 Ood/Develage Expense			mplete Schedule T.
				K, officeholder livin	g expense older Matters
		iviceurig to	_,.30	SSS SINGERN	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	neld
	expenditure to benefit C/OF			Onice I	
	Date	Payee name			
	05/26/2023	Phoebe's Diner			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$140.78	408 W. 11th St.			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	,	el outs	side of Texas. Cor	mplete Schedule T.
	EXPENDITURE	Check if Au		K, officeholder livin	
		Meeting to	Disc	uss Officeho	older Matters
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office h	eld
		·			
	Date	Payee name			
	03/30/2023	Photographic Design	_		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$511.00	P.O. Box 99			
		Hillsboro, WV 24946			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			mplete Schedule T.
				K, officeholder livin	g expense
		Photo Fran	ıy		
	Complete ONU V. C.	Condidate/Officeholder research		Off.	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office h	leiu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

imbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica 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)	
	Sch: 23/59 Rpt: 29/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	03/27/2023	Punch Bowl Social	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.83	522 Congress Ave	
	l		
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	l	Meeting to Discuss Officeholder Matters	
	l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	03/30/2023	Punch Bowl Social	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.32	522 Congress Ave	
	421.02	022 06.hg. 000 7 W0	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	l	Meeting to Discuss Officeholder Matters	
	l	mooning to Dissued of moonings, managed	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	04/17/2023	Punch Bowl Social	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.32	522 Congress Ave	
	7=:0=	6 6 6 / 116	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters	
	l	Wieeting to Discuss Officeriolder Watters	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 24/59 Rpt: 30/66	Hefner, Joseph Cole (The Honorable)		00080101
4	Date	5 Payee name		· ·
	04/26/2023	Punch Bowl Social		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$23.22	522 Congress Ave		
		-		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Meeting to Discuss Officeholder Matters
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	06/22/2023	Resendiz, Daniel		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$135.00	313 W N St.		
		Emory, TX 75440		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	_/			Check if Austin, TX, officeholder living expense Event Security
				Event Security
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data			
	Date 05/26/2023	Payee name		
		Secure Parking USA		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.00	626 E Wisconsin Ave #1400		
		Milwaukee, WI 53202		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Parking
				<u> </u>
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 25/59 Rpt: 31/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	06/20/2023	Sessions, A.G.
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	377 CR 1350
l		
		Quitman, TX 75783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Security
		Event Security
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	06/26/2023	Sidekick's Restaurant
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$64.18	903 N Texas St
	Ψ04.10	303 N TEXAS ST
		Emory, TX 75440
┡	DUDDOCE	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Meeting to Discuss Officeholder Matters
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/O	
l	Date	Payee name
	06/21/2023	Smith County Republican Women
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$250.00	PO Box 8175
l		
l		Tyler, TX 75711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
l		Candidate/Officeholder/Political Committee
		Tanarassi Sanarasan
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/59 Rpt: 32/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	01/30/2023	Squarespace Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.39	225 Varick Street
		12th floor
		New York, TX 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Website Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2023	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.39	225 Varick Street
		12th floor
		New York, TX 10014
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Website Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2023	Squarespace Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.39	225 Varick Street
		12th floor
		New York, TX 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/59 Rpt: 33/66 Hefner, Joseph Cole (The Honorable) 00080101 4 Date Payee name 04/28/2023 Squarespace Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$31.39 225 Varick Street 12th floor New York, TX 10014 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2023 Squarespace Inc. Amount (\$) Payee address; City; State; Zip Code \$31.39 225 Varick Street 12th floor New York, TX 10014 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/28/2023 Squarespace Inc. Amount (\$) Payee address: City; State; Zip Code \$31.39 225 Varick Street 12th floor New York, TX 10014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Website Fee

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 28/59 Rpt: 34/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	02/03/2023	Substack	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$240.00	111 Sutter St.	
		San Francisco, CA 94104	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	News Subscription Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website Subscription	
		Website Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/26/2023	Texas Chili Parlor	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.80	1409 Lavaca St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meeting to Discuss Officeholder Matters	
		mooting to biodade emberrolaer mattere	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
F	Date	Payee name	
	04/07/2023	Texas Chili Parlor	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$110.03	1409 Lavaca St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Meeting to Discuss Officeholder Matters	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
\vdash			
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/59 Rpt: 35/66	Hefner, Joseph Cole (The Honorable)	00080101
4	Date	5 Payee name	
	03/06/2023	Texas Chili Parlor	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$62.23	1409 Lavaca St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if trave	l outside of Texas. Complete Schedule T.
		1	n, TX, officeholder living expense Discuss Officeholder Matters
		Wiccinity to 2	viscuss emechader watters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	02/24/2023	Texas Chili Parlor	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.26	1409 Lavaca St.	
	Ψ-10.20	1403 Edvaca St.	
		Auctin TV 70701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE	1 1 000/Develage Expense	n, TX, officeholder living expense
		Meeting to D	Discuss Officeholder Matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/08/2023	Texas Conservative Coalition	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 2659	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	I outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Membership	Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 30/59 Rpt: 36/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date 01/26/2023	5 Payee name Texas Department of Criminal Justice
6	Amount (\$) \$47.63	7 Payee address; City; State; Zip Code PO Box 4013
8	PURPOSE OF EXPENDITURE	Huntsville, TX 77342 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent Gift
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/15/2023	Payee name Texas Department of Transporation
	Amount (\$) \$1,043.70	Payee address; City; State; Zip Code 6230 East Stassney Lane
	PURPOSE OF EXPENDITURE	Austin, TX 78744 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel from Austin to District
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/04/2023	Payee name Texas House Republican Caucus
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 13305
		Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica 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)
	Sch: 31/59 Rpt: 37/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/05/2023	The Flower Bucket
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.41	5742 Darling St.
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Memorial Flower Arrangement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2023	The Texan
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	512 E 11th St.
		Ste. 110
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Suscription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		News Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date 06/13/2023	Payee name Thomas, Luster
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 101 Southpark St
	Φ100.00	101 Southpark St
		Cilmor TV 75644
		Gilmer, TX 75644
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Setup
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Se		-	s/Contract Labor	OTHER (enter a	category not listed above)
			truction Guide explains	now to compi			
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 32/59 Rpt: 38/66	·	ole (The Honorable)			00080101	
4	Date	5 Payee name					
	01/13/2023	Uber					
6	Amount (\$)	7 Payee address;	City; State	; Zip Code			
	\$11.96	1455 Market St.					
		#400					
		San Francisco, C	94103				
8	PURPOSE	(a) Category (See Category	ring listed at the ten of this cal	andula) (b)	Description		
	OF	Travel Out of Dist		ledule)		utside of Texas. Com	plete Schedule T.
	EXPENDITURE				\Box	TX, officeholder living	g expense
					Rideshare		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officehold	er name	Office sought		Office he	eld
_	Date	Payee name					
	01/26/2023	Uber					
	Amount (\$)	Payee address;	City; State	: Zip Code			
	\$7.07	1455 Market St.	City, State	, Zip Code			
	Ψ1.01	#400					
			0.4100				
		San Francisco, C					
	PURPOSE OF	(a) Category (See Category		nedule) (b)	Description	utaida of Tayon Com	plata Cahadula T
	EXPENDITURE	Travel Out of Dist	ict		=	utside of Texas. Com TX, officeholder living	
					디 Rideshare		
	Complete ONLY if direct	Candidate/Officehold	er name	Office sought		Office he	eld
	expenditure to benefit C/OI	1					
_	Date	Payee name					
	02/01/2023	Uber					
	Amount (\$)	Payee address;	City; State	; Zip Code			
	\$4.50	1455 Market St.	City, State	, Zip Couc			
	Ψ4.00	#400					
			0.4102				
		San Francisco, C					
	PURPOSE OF	(a) Category (See Category		nedule) (b)	Description	utaida af Taura Cara	alata Cabadula T
	EXPENDITURE	Travel Out of Dist	ict			utside of Texas. Com TX, officeholder living	
					Rideshare	.,	, oxponed
	Complete ONLY if direct	Candidate/Officehold	er name	Office sought		Office he	eld
	expenditure to benefit C/OI		-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 33/59 Rpt: 39/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date 02/03/2023	5 Payee name Uber
6	Amount (\$) \$6.37	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/03/2023	Payee name Uber
	Amount (\$) \$10.10	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/07/2023	Payee name Uber
	Amount (\$) \$6.41	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

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

	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)
	Sch: 34/59 Rpt: 40/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/08/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.39	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	and the state of t
_		
	Date	Payee name
	02/09/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		T (desirate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/15/2023	Uber
	Amount (\$) \$6.00	Payee address; City; State; Zip Code 1455 Market St.
	\$0.00	
		#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/59 Rpt: 41/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/15/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.92	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.88	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.49	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/59 Rpt: 42/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/22/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.90	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Riuestiale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Riuestiale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.92	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica 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)
	Sch: 37/59 Rpt: 43/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	02/24/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.89	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Nucsitate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.99	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.31	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/59 Rpt: 44/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/01/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.88	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.92	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/01/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.90	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Riuestiare
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Lat The Instruction Guide explains how to complete this form			OTHER (enter a	a category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAME	3	3 F	iler ID	(Ethics Commission	Filers)
_	Sch: 39/59 Rpt: 45/66	Hefner, Joseph Cole (The Honorable)			00080101	()	,
4	Date	5 Payee name					
	03/02/2023	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$7.89	1455 Market St.					
		#400					
		San Francisco, CA 94103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on				
	OF EXPENDITURE	Travel Out of District				plete Schedule T.	
	LAI LINDITORL			ГΧ, ο	fficeholder livin	g expense	
		Ridesha	are				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office h	eld	
	Date	Payee name					
	03/03/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.00	1455 Market St.					
	, , , ,	#400					
		San Francisco, CA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District				plete Schedule T.	
		Ridesha		I X, U	fficeholder livin	g expense	
		Nuesna	u C				
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld	
	expenditure to benefit C/OI	1					
	Date	Payee name					
	03/03/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.71	1455 Market St.					
		#400					
		San Francisco, CA 94103					
	BUBBOOK						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check is		ıtcida	of Toyas Com	nplete Schedule T.	
	EXPENDITURE	Traver out of District			fficeholder living	•	
		Ridesha				,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld	
	expenditure to benefit C/OI	G			2.1100 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/59 Rpt: 46/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/07/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.10	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense Rideshare
		RideShare
_	Complete ONL V if direct	Candidata/Officeholder name Office country Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/07/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/07/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.75	1455 Market St.
	4200	#400
		San Francisco, CA 94103
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 41/59 Rpt: 47/66	Hefner, Jos	seph Cole (The Hor	norable)				00080101		
4	Date	5 Payee name	9							
	03/09/2023	Uber								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$5.31	1455 Mark	et St.							
		#400								
		San Franci	sco, CA 94103							
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out				=			plete Schedule T.	
						\Box	, TX,	, officeholder living	g expense	
						Rideshare				
_	0 1: 0.11.7.7.1		r	0"	<u> </u>			0.00		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name)							
	03/09/2023	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$5.73	1455 Mark	et St.							
		#400								
		San Franci	sco, CA 94103							
	PURPOSE	(a) Category (s	See Categories listed at the to	on of this schedule)	(b)	Description				
	OF	Travel Out		op of this softedule)	` `	_	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					ш	, TX	, officeholder living	g expense	
						Rideshare				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name)							
	03/14/2023	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$9.96	1455 Mark		, ,						
	,,,,,	#400								
			sco, CA 94103							
	PURPOSE OF		See Categories listed at the to	pp of this schedule)	(b)	Description	outoi	ide of Texas. Com	nloto Cobodulo T	
	EXPENDITURE	Travel Out	of District					, officeholder living	•	
						Rideshare		•	, . ,	
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/O			225	J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 42/59 Rpt: 48/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date 03/14/2023	5 Payee name Uber
	Amount (\$) \$15.93	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/14/2023	Payee name Uber
	Amount (\$) \$19.92	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/14/2023	Payee name Uber
	Amount (\$) \$24.91	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

bursement Solicitation/Fundraising Expense
Il Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/59 Rpt: 49/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/14/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.88	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/15/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.97	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Ridestiale
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/15/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.94	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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)
	Sch: 44/59 Rpt: 50/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	03/16/2023	Uber
6	Amount (\$) \$7.83	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/16/2023	Uber
	Amount (\$) \$12.94	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/16/2023	Payee name Uber
	Amount (\$) \$13.95	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 45/59 Rpt: 51/66	Hefner, Joseph Cole (The Honorable) 00080101
4 Date	5 Payee name
03/16/2023	Uber
6 Amount (\$) \$17.97	7 Payee address; City; State; Zip Code 1455 Market St. #400
	San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/21/2023	Uber
Amount (\$) \$13.15	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 03/29/2023	Payee name Uber
Amount (\$) \$11.71	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/59 Rpt: 52/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/04/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.17	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		RideStidie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	04/05/2023	Uber
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$11.83	1455 Market St.
	711.00	#400
		San Francisco, CA 94103
L	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
	Date	Payee name
	04/05/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.39	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 47/59 Rpt: 53/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	04/06/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.05	1455 Market St.	
		#400	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Rideshare	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_	Date	Davies same	
		Payee name	
	04/13/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.50	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Rideshare	
		Nuestiale	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Payee name	
	04/14/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.88	1455 Market St.	
	Φ0.1Φ		
		#400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Rideshare	
		Muestiare	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/59 Rpt: 54/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/14/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.94	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Rideshare
Ļ	Commission ONLL V if alignet	Condidate/Office helds no year
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Davies same
		Payee name
	04/20/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.61	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Rideshare
		RideStidle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/24/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.09	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Rideshare
		Riuestiale
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/59 Rpt: 55/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	04/27/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.09	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		radonad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/27/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.97	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.93	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muchaic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 50/59 Rpt: 56/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	05/02/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.94	1455 Market St.	
		#400	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Rideshare	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitare to benefit e/or	'	
	Date	Payee name	
	05/09/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.20	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Rideshare	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/Oł	- · · · · · · · · · · · · · · · · · · ·	
_	5 .		
	Date	Payee name	
	05/11/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.09	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 51/59 Rpt: 57/66	Hefner, Joseph Cole (The Honorable) 00080101	
4	Date	5 Payee name	
	05/11/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.00	1455 Market St.	
		#400	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/11/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.34	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare	
	Operation ONLY if alice at	On didn't lot for a bald on a superior of the same of	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/12/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.80	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Rideshare	
	Complete ONLY if direct	Condidate/Officeholder name Office cought	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 52/59 Rpt: 58/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101
4	Date 05/12/2023	5 Payee name Uber
	Amount (\$) \$10.80	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/15/2023	Payee name Uber
	Amount (\$) \$7.62	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/15/2023	Payee name Uber
	Amount (\$) \$10.57	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/59 Rpt: 59/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/15/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.98	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rideshare
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to serious or or	
	Date	Payee name
	05/16/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.31	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Nuestiale
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	05/18/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.57	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/59 Rpt: 60/66	Hefner, Joseph Cole (The Honorable) 00080101
4	Date	5 Payee name
	05/18/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.87	1455 Market St.
		#400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/25/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.34	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rideshare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/25/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.19	1455 Market St.
		#400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rideshare
		Muestiare
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 55/59 Rpt: 61/66	2 FILER NAME Hefner, Joseph Cole (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080101					
4	Date 05/26/2023	5 Payee name Uber					
6	Amount (\$) \$14.14	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date 05/30/2023	Payee name Uber					
	Amount (\$) \$10.89	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date 06/29/2023	Payee name Uber					
	Amount (\$) \$12.10	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rideshare					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 56/59 Rpt: 62/66	Hefner, Joseph Cole (The Honorable) 00080101					
4	Date	5 Payee name					
	03/08/2023	Walmart					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$25.46	1030 Norwood Park Blvd					
		Austin, TX 78754					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Food/Drink for Capitol Office					
		Toda 2 militar di dipitar di madi					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
F	Date	Payee name					
	01/02/2023	Ware, Michael & Anne					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$13,062.50	3204 Riverwood Dr.					
		Fort Worth, TX 76116					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		X Check if Austin, TX, officeholder living expense Lodging					
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
F	Date	Payee name					
	06/21/2023	1					
H	Amount (\$)	Payee address; City; State; Zip Code					
\$105.72 311 S. Main St.							
		Lindale, TX 75771					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Meeting to Discuss Officeholder Matters					
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					
\vdash							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)				
	Sch: 57/59 Rpt: 63/66	Hefner, Joseph Cole (The Honorable)	00080101				
4	Date	5 Payee name					
	06/21/2023	Whataburger					
6	Amount (\$) \$14.25	7 Payee address; City; State; Zip Code 311 S. Main St.					
		Lindale, TX 75771					
8	PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters				
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought OH	Office held				
	Date	Payee name					
	05/30/2023	Whataburger					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.58	601 Barton Springs Rd					
		Austin, TX 78704					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ide of Taura Complete Calculut T				
	EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held				
	Date	Payee name					
	03/13/2023	Whataburger					
Amount (\$)		Payee address; City; State; Zip Code					
	\$26.82	6288 N US Hwy 271					
Tyler, TX 75708							
	PURPOSE OF EXPENDITURE	Check if Austin, TX	ide of Texas. Complete Schedule T. , officeholder living expense uss Officeholder Matters				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought OH	Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (E	Ethics Commission Filers)					
Sch: 58/59 Rpt: 64/66 Hefner, Joseph Cole (The Honorable) 00080101						
4 Date 5 Payee name						
06/27/2023 Wildey, Scott						
6 Amount (\$) 7 Payee address; City; State; Zip Code						
\$135.00 2614 CR 1342						
Pittsburg, TX 75686						
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayas Complete						
EVENT Expense Check if travel outside of Texas. Complete Check if Laurin, TX, officeholder living expense Check if Austin, TX, officeholder living expenses.						
Event Security	фенас					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	1					
expenditure to benefit C/OH						
Date Payee name						
06/27/2023 WinRed						
Amount (\$) Payee address; City; State; Zip Code						
\$1.97 1776 Wilson Blvd						
Ste 530						
Arlington, VA 22209						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description						
OF Solicitation/Fundraising Evnense Check if travel outside of Texas. Complete	te Schedule T.					
EXPENDITURE Solicitation in an arising Expense Check if Austin, TX, officeholder living expenses.	pense					
Fundraising Fee						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
Date Payee name						
06/30/2023 WinRed						
Amount (\$) Payee address; City; State; Zip Code						
\$19.70 1776 Wilson Blvd						
Ste 530						
Arlington, VA 22209						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description						
OF Solicitation/Fundraising Evnense Check if travel outside of Texas. Complete	te Schedule T.					
Check if Austin, TX, officeholder living exp	pense					
Fundraising Fee						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Superiority to bottom Grott						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	s/Contract Labor		OTHER (enter a	strict a category not listed abo	/e)
		_		The Instruction G	uide explains i	iow to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 59/59 Rpt: 65/66		Hefner, Jose	eph Cole (The I	Honorable)					00080101		
4	Date	5	Payee name									
	06/30/2023		WinRed									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$19.70		1776 Wilson Blvd									
			Ste 530									
			Arlington, V	A 22200								
			Annigion, v	A 22209								
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Solicitation/I	Fundraising Exp	oense						plete Schedule T.	
								\Box		officeholder living	g expense	
								Fundraising F	-ee			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	0	office sou	ght			Office h	eld	
	experiulture to benefit C/O											
	Date		Payee name									
	02/24/2023		Wood Coun	ty Child Protect	ion Board							
	Amount (\$)	H	Payee addres	ss; City;	State:	Zip Co	de					
	\$100.00		P.O. Box 51	•	,	•						
	4200.00											
			- · · · · · · · · · · · · · · · · · · ·	. =====								
			Quitman, T	K 75783								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sche	edule)	(b)	Description				
OF EXPENDITURE			Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.						
			Candidate/C				ш	Check if Austin, TX, officeholder living expense				
								Event Sponso	orsi	nip		
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Office	ceholder name	0	office sou	ght			Office h	eld	
	experialitare to benefit 6/01											
	Date		Payee name									
	04/03/2023		YRNC Dalla	ıs								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
\$250.00			2604 Bright Rock Ln									
	4200.00 Paright Nook En											
Conroe, TX 77304												
				1								
	PURPOSE OF	(a)		ee Categories listed at t		edule)	(b)	Description				
	EXPENDITURE			s/Donations Ma		:44					plete Schedule T.	
			Candidate/C	Officeholder/Pol	iticai Commi	ıttee		Check if Austin,	g expense			
								Event Sponso	UI 31	ıııh		
L	Operation ONE VIII II	L	0			vec:	and a s			O''' :	-1-1	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 66/66 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hefner, Joseph Cole (The Honorable) 00080101 5 Name of person from whom amount is received 8 Amount (\$) 06/13/2023 \$2,500.00 Ware, Michael & Anne 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76116 Purpose for which amount is received Check if political contribution returned to filer Deposit Returned