CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commi 00020971 | | 2 Total pages filed: 145 | |
|-------------------------|-----------------------------|------------------|---|-----------------------------------|--|------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY | |
| OFFICEHOLDER NAME | The Honorable | Judith | | | Date Received | |
| 10 001 | | | | | ELECTRONICALLY FILED | |
| | | | | | 07/17/2023 | |
| | NICKNAME | LAST | | SUFFIX | 01/11/2023 | |
| | | Zaffirini | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarked | 1 |
| OFFICEHOLDER MAILING | P.O. Box 627 | | | | _ | |
| ADDRESS | | | | | Receipt # Amount | |
| Change of Address | Laredo, TX 78042-0627 | | | | | |
| | | | | | Date Processed | |
| | | | | | Data laranad | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mr. | Guadalupe | | IVII | | |
| NAME | IVII. | Ouadalupe | | | | |
| | AUGUALANE | | | OUEEN | | |
| | NICKNAME | LAST Castillo | | SUFFIX | | |
| | | Castillo | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY; | STATE; ZIP (| CODE |
| ADDRESS | 1407 Washington Street | | | | | |
| (Residence or Business) | | | | | | |
| | Laredo, TX 78040 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | NE NUMBER E | EXTENSION | | | |
| TREASURER | (956) 724-8355 | IE NOWBER E | EXTENSION | | | |
| PHONE | (950) 724-0555 | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after campaign treasure | er |
| | | | | | appointment (officeholder only) | |
| | X July 15 | 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Attach C/OH-FR) | |
| | | | | reporting infine | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2023 | TH | IROUGH | 06/30/202 | 3 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | _ | | ELECTION TYPE | _ | |
| | Month Day Year | P | rimary | Runoff | Other | |
| | | │ ∏G | eneral | Special | | |
| | | | | ш | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | State Senator District 21 | | | State Senator Di | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 145

| 13 C / OH NAME | Zaffirini, Judith (The | Honorable) | 14 Filer ID 00020971 | (Ethics Commission Filers) | |
|--|---|--|-----------------------------|----------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati | t the candidate's or office | eholder's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Ш | GENERAL | | | | |
| | _ | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRI | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | =55 | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL | | \$ 75.00 | |
| | | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | NS) | \$ 92,052.00 | |
| EXPENDITURE TOTALS | TURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ 6,118.48 | |
| | 4. TOTAL POLITIC | OTAL POLITICAL EXPENDITURES | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD | LAST DAY OF THE | \$ 701,860.11 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS A ITING PERIOD | S OF THE LAST DAY | \$ 0.00 | |
| 17 AFFIDAVIT | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code | all information required t | | |
| | | The Ho | onorable Judith Zaffirin | i | |
| | | Signature | of Candidate or Officeho | der | |
| 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 seal of office. | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of office | r administering oath | |
| | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 145

| | | | | | 0 01 140 |
|---|---|--|-------------|------|------------------------|
| 18 FI | ER NAM | ME . | 19 Filer ID | (Eth | ics Commission Filers) |
| Za | affirini, J | udith (The Honorable) | 00020971 | | |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 85,085.00 |
| 2. | Х | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 6,967.00 |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | |
| 4. SCHEDULE E: LOANS | | | | \$ | |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | \$ | 198,886.45 |
| 6. | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 8. | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 34,315.70 |
| 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 F TO FILER | RETURNED | \$ | 7,269.78 |
| | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|---------|---|----------|--|------------|--|
| | The Instru | ction Guide explains how to complete tl | his foi | rm. | 1 | Total pages Schedule A1: Sch: 1/10 Rpt: 4/145 | | |
| 2 | FILER NAME Zaffirini, Judi | th (The Honorable) | | | 3 | Filer ID (Ethics Commission 00020971 | on Filers) | |
| 4 | Date 06/28/2023 | Full name of contributor out-of-state PAC Adler, Laura G. Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$100.00 | |
| | | Beverly Hills, CA 90211 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | | |
| | Date 06/28/2023 | 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 | <u> </u> | | | |
| | Partner | | | Ancira Strategic Partner | s | | | |
| | Date 06/27/2023 | Full name of contributor | (ID#: | | | Amount of Contribution (\$) | \$250.00 | |
| | | Laredo, TX 78041 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | | |
| | Date 06/23/2023 | Full name of contributor out-of-state PAC Arenaz, Dr. Pablo Contributor address; City; State; Zip Code Laredo, TX 78041 | | | • | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions Texas A&M Internationa | | niverstiy | | |
| | Date 06/28/2023 | Full name of contributor out-of-state PAC Association of Fire & Casualty Companies Contributor address; City; State; Zip Code Austin, TX 78701 | | as | | Amount of Contribution (\$) | \$750.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | | | I | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|--|--|---|--|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/10 Rpt: 5/145 | | |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 | Filer ID (Ethics Commission 00020971 | on Filers) | |
| 4 | Date 06/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Beckworth, John Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$500.00 | |
| • | Dringing oggu | Austin, TX 78701 | Employer (See Instructions) | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | | |
| | Date 06/26/2023 | Full name of contributor out-of-state PAC (ID#:_ Beward, Larry W. Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | New Braunfels, TX 78132 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Retired | | Retired | | | | |
| | Date 06/20/2023 | Full name of contributor out-of-state PAC (ID#:_ Boldt, Veronica Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$150.00 | |
| | | San Antonio, TX 78232 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 06/30/2023 | Full name of contributor out-of-state PAC (ID#:_ Bresnen, Steven Green and Amy E Contributor address; City; State; Zip Code Austin, TX 78701 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu Owners | pation / Job title (See Instructions) | Employer (See Instructions Bresnen Associates |) | | | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_Brown, Jed A. Contributor address; City; State; Zip Code Houston, TX 77081 |) | | Amount of Contribution (\$) | \$5,000.00 | |
| | Principal occu Real estate | pation / Job title (See Instructions) developer | Employer (See Instructions The Brownstone Group |) | | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE | A1 |
|---|----------------------------|---|-------------------------|---|-------------|--|-----------|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/10 Rpt: 6/145 | |
| 2 | FILER NAME | ************************************** | | | 3 | Filer ID (Ethics Commission F | ilers) |
| | | ith (The Honorable) | _ | | | 00020971 | |
| 4 | Date 06/23/2023 | 5 Full name of contributor Bunkley, Richard6 Contributor address; City; St | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) \$2 | 2,000.00 |
| 8 | Principal occu | Buda, TX 78610 pation / Job title (See Instructions | e) I | Employer (See Instructions | ;) | | |
| Ü | Commercial | | ,, | Brensen Associates | ') | | |
| | Date 06/30/2023 | Full name of contributor Bustamante Jr., Cleo Contributor address; City; Si | |) | | Amount of Contribution (\$) | \$100.00 |
| | | Carrizo Springs, TX 7883 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| | Date 06/30/2023 | Full name of contributor Carrales, Teresa O. Contributor address; City; Si | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$100.00 |
| | | Freer, TX 78357 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | Date 06/27/2023 | Full name of contributor Earl, David Contributor address; City; Si San Antonio, TX 78240 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) \$10 | 0,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | Employer (See Instructions Earl Development Cons | | ng | |
| | Date 06/26/2023 | Full name of contributor Ehmann, Jo Ann Contributor address; City; St | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions | (5) | Employer (See Instructions | 5) | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|---|---|--|-------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/10 Rpt: 7/145 | | |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 | Filer ID (Ethics Commissi 00020971 | on Filers) | |
| 4 | Date 06/26/2023 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10,000.00 | |
| • | Dringing! goog | Midland, TX 79707 | 0 Employer (Coo Instructions | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Freeman II, Robert N. and Mary C. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | • | | , , , | | | | |
| | Date 06/28/2023 | Full name of contributor out-of-state PAC (ID#:_ Galo, John and Anna Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5,000.00 | |
| | | Laredo, TX 78041 | | | | | |
| | Principal occu Ranchers | pation / Job title (See Instructions) | Employer (See Instructions Self employed |) | | | |
| | Date 06/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Galo, Patricia M. Contributor address; City; State; Zip Code Laredo, TX 78043 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired |) | | | |
| | Date 06/26/2023 | Full name of contributor out-of-state PAC (ID#:_Graham, Bob Contributor address; City; State; Zip Code Houston, TX 77005 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired |) | | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|---|---|---|--|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/10 Rpt: 8/145 | | |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 | Filer ID (Ethics Commission 00020971 | on Filers) | |
| 4 | Date 06/27/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| 8 | Principal occu | Austin, TX 78701 spation / Job title (See Instructions) | 9 Employer (See Instructions | | | | |
| | r iiicipai occu | pation / 300 title (See Instructions) | 2 Employer (See Instructions | , | | | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Iruegas, Javier Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu | Plano, TX 75075 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Jennings, Lucila Contributor address; City; State; Zip Code Laredo, TX 78045 | | | Amount of Contribution (\$) | \$3,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Owner Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Jennings III, Rob Roy Contributor address; City; State; Zip Code Laredo, TX 78045 | Management Co, LLC | | Amount of Contribution (\$) | \$3,500.00 | |
| | Principal occu Owner | pation / Job title (See Instructions) | Employer (See Instructions Rob R. Jennings III Man | | ement Co., L.L.C. | | |
| | Date 06/17/2023 | Full name of contributor out-of-state PAC (ID#:_ Johnson, Mark A. and Lou O. Contributor address; City; State; Zip Code La Vernia, TX 78121 | | | Amount of Contribution (\$) | \$200.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE A1 |
|---|------------------------------|--|-------------------------------------|---|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/10 Rpt: 9/145 |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00020971 |
| 4 | Date 06/20/2023 | Full name of contributor out-of-state PAC (ID#:_ Juarez, Dr. Jacinto P. Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) \$100.00 |
| _ | | Laredo, TX 78043 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Long, Joe R. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$10,000.00 |
| | Principal occu | Austin, TX 78751 pation / Job title (See Instructions) | Employer (See Instructions | | |
| | Investor | pation / Job title (See Instructions) | Joe R. Long Investments | | |
| | Date 06/30/2023 | Full name of contributor |) | | Amount of Contribution (\$) \$1,000.00 |
| | | McAllen, TX 78501 | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions) Retired |) | |
| | Date 06/27/2023 | Full name of contributor out-of-state PAC (ID#:_MOAK CASEY PAC Contributor address; City; State; Zip Code Austin, TX 78746-5776 | | | 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#:_ McBride, Joe Contributor address; City; State; Zip Code Austin, TX 78715 | | | Amount of Contribution (\$) \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|----------------------------------|--|--|---|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/10 Rpt: 10/145 | | |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 | Filer ID (Ethics Commission 00020971 | on Filers) | |
| 4 | Date 06/20/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$100.00 | |
| _ | | Laredo, TX 78041 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 06/20/2023 | Full name of contributor out-of-state PAC (ID#:_ Moore, Monte Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | | Laredo, TX 78045 | | | | | |
| | Owner | pation / Job title (See Instructions) | Employer (See Instructions Moore Jewelers |) | | | |
| | Date 06/30/2023 | Full name of contributor out-of-state PAC (ID#:_ Nye, Patrick Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$250.00 | |
| | | Corpus Christi, TX 78401 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 06/20/2023 | Full name of contributor out-of-state PAC (ID#:_ Oney, Thomas E. Contributor address; City; State; Zip Code Austin, TX 78756 | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu Executive VI | pation / Job title (See Instructions) | Employer (See Instructions LCRA |) | | | |
| | Date 06/29/2023 | Full name of contributor out-of-state PAC (ID#:_Ramirez, Jorge Contributor address; City; State; Zip Code Austin, TX 78702 | | | Amount of Contribution (\$) | \$260.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | |
|---|----------------------------------|---|------------------------------|---|------------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/145 | | |
| 2 | FILER NAME Zaffirini, Jud | ith (The Honorable) | | 3 Filer ID (Ethics Commission 00020971 | on Filers) | |
| 4 | Date 06/25/2023 | 5 Full name of contributor out-of-state PAC (ID#:_ Ramos, Adriana Sanchez 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) | \$500.00 | |
| _ | | Laredo, TX 78041 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Date 06/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Roche, David L. Contributor address; City; State; Zip Code Austin, TX 78746 | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | Principal Ow | ner en | Endeavor Real Estate G | Group | | |
| | Date 06/28/2023 | Full name of contributor out-of-state PAC (ID#:_ Rogers, Regina Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) | \$250.00 | |
| | | Beaumont, TX 77706 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Date 06/27/2023 | Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Nutrition and Dietetics Contributor address; City; State; Zip Code Denver , CO 80206-4084 | | Amount of Contribution (\$) | \$1,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |)) | | |
| | Date 06/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705 | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | UTION | S | | SCHEDULE A1 |
|---|-------------------------------|---|-------------|---|----------|---|
| | The Instruc | etion Guide explains how to complete | e this forr | n. | 1 | Total pages Schedule A1: Sch: 9/10 Rpt: 12/145 |
| 2 | FILER NAME Zaffirini, Judi | th (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00020971 |
| 4 | Date 06/27/2023 | Full name of contributor | PAC (ID#: | | 7 | Amount of Contribution (\$) \$1,000.00 |
| 8 | Principal occu | Batesville, TX 78829 pation / Job title (See Instructions) | l g | Employer (See Instructions | 9 | |
| | Ranchers | nation, one title (occ managinal) | | Self employed | ') | |
| | Date 06/20/2023 | Full name of contributor out-of-state P Vaquillas Cattle Company, Ltd Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) \$10,000.00 |
| | Principal occu | Mirando City, TX 78369 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | |
| | | (| | | , | |
| | Date 06/30/2023 | Full name of contributor out-of-state P Vasquez, Leticia Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) \$100.00 |
| | | Austin, TX 78703 | | | | |
| | Principal occu | oation / Job title (See Instructions) | | Employer (See Instructions | i) | |
| | Date 06/19/2023 | Full name of contributor out-of-state P Walker, Nathaniel Contributor address; City; State; Zip Code Austin, TX 78752 | | | | Amount of Contribution (\$) \$250.00 |
| | Principal occu | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | |
| | Date 06/25/2023 | Full name of contributor out-of-state P Wendorf, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78259-3605 | PAC (ID#: |) | | Amount of Contribution (\$) \$2,500.00 |
| | Principal occu Managemen | oation / Job title (See Instructions) | | Employer (See Instructions GSW Ranch Manageme | | LLC |
| | | | I | | | |

| MONET | TARY POLITICAL CONTRIBUTION | SCHE | EDULE A1 | |
|--------------------------------|---|------------------------------|---|----------------------|
| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule Sch: 10/10 Rpt: 13/ | |
| 2 FILER NAME Zaffirini, Jud | lith (The Honorable) | | 3 Filer ID (Ethics Com 00020971 | mission Filers) |
| 4 Date 06/20/2023 | Date 5 Full name of contributor out-of-state PAC (ID#:) | | | n (\$) \$1,500.00 |
| | Austin, TX 78701 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| Date 06/22/2023 | | | | n (\$) \$1,000.00 |
| Principal occu | Laredo, TX 78041 upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 1/3 Rpt: 14/145 | | | | |
|--|--|--|---|--|--|--|
| 2 FILER NAME Zaffirini, Jud | ilith (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020971 | | | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | |
| 5 Date 06/09/2023 | 7 Contributor address; City; State; Zip Code | 8 Amount of contribution (\$) In-kind contribution (\$) description \$750.00 I Photography Service | | | | |
| 10 Principal occu | Laredo, TX 78045 upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | -JUDICIAL) (See instructions) | | | |
| | | | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | <u> </u> | | | | |
| Date 06/19/2023 | Full name of contributor out-of-state PAC (ID#: MOAK CASEY Contributor address; City; State; Zip Code |) | Amount of In-kind contribution contribution (\$) description \$217.00 Fundraising venue and beverages | | | |
| | Austin, TX 78701 | | Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | -JUDICIAL) (See instructions) | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FOR JUDICIAL) (See instructions) | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 01/01/2023 | Full name of contributor out-of-state PAC (ID#: Zaffirini Sr., Carlos M. Contributor address; City; State; Zip Code | | Amount of In-kind contribution contribution (\$) description \$1,000.00 Campaign headquarters | | | |
| | Laredo, TX 78040 | T | Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occu Attorney | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON Zaffirini and Castille | , | | | |
| Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A2: Sch: 2/3 Rpt: 15/145 | | |
|--|--|--|---|--|--|
| 2 FILER NAME Zaffirini, Jud | ilith (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020971 | | |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | |
| 5 Date 02/01/2023 | Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of contribution (\$) 9 In-kind contribution description \$1,000.00 Campaign headquarters | | |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | | | |
| Attorney | | Zaffirini and Castille | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date 03/01/2023 | Full name of contributor out-of-state PAC (ID#: Zaffirini Sr., Carlos M. Contributor address; City; State; Zip Code | | Amount of In-kind contribution contribution (\$) description \$1,000.00 Campaign headquarters | | |
| | Laredo, TX 78040 | | Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occu Attorney | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date Full name of contributor out-of-state PAC (ID#: | | | Amount of In-kind contribution contribution (\$) description \$1,000.00 Campaign headquarters | | |
| Dringing Loop | Laredo, TX 78040 Junation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (EOD NON | Check if travel outside of Texas. Complete Schedule T. | | |
| Attorney | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON Zaffirini and Castillo | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| | | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 16/145 3 Filer ID (Ethics Commission Filers) FILER NAME Zaffirini, Judith (The Honorable) 00020971 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 05/01/2023 Zaffirini Sr., Carlos M. \$1,000.00 | Campaign headquarters 7 Contributor address; City; State; Zip Code Laredo, TX 78040 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo Attorney 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/01/2023 Zaffirini Sr., Carlos M. \$1,000.00 | Campaign headquarters Contributor address; City; State; Zip Code Laredo, TX 78040 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Zaffirini and Castillo Attorney Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 | | | Legal Services | s Expense | Salaries/W | | e /Contract Labor | | OTHER (enter a | strict a category not listed abov | e) |
|---|---|-----|-----------------|------------------------|-------------------------|------------|------|-----------------------------|-------|---|--------------------------------------|-----------|
| | | | | The Instruction G | uide explains h | now to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission | n Filers) |
| | Sch: 1/30 Rpt: 17/145 | | Zaffirini, Jud | ith (The Honor | able) | | | | | 00020971 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/06/2023 | | American Ex | kpress | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$3,430.96 | | P.O. Box 65 | 0448 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Dallas, TX 7 | 5265 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Credit Card | | | , | | Check if travel of | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITORE | | | | | | | — | | officeholder livin | | |
| | | | | | | | | reported here | | nent for can | npaign expenses | |
| _ | | L | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | O | office sou | ght | | | Office h | eld | |
| | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/28/2023 | | American Ex | kpress | | | | | | | | |
| | Amount (\$) | | Payee addres | • | State; | Zip Co | de | | | | | |
| | \$221.43 | | P.O. Box 65 | 0448 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Dallas, TX 7 | 5265 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Credit Card | Payment | | | | - | | de of Texas. Con officeholder living | nplete Schedule T. | |
| | | | | | | | | — | | | npaign expenses | |
| | | | | | | | | reported here | | | inpungin an panada | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | 0 | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | - | | | | | |
| _ | Date | | Payee name | | | | | | | | | |
| | 03/09/2023 | | American Ex | kpress | | | | | | | | |
| | Amount (\$) | | Payee addres | | State: | Zip Co | de | | | | | |
| | \$2,551.00 | | P.O. Box 65 | | , | | | | | | | |
| | | | | | | | | | | | | |
| | | | Dallas, TX 7 | 5265 | | | | | | | | |
| | PURPOSE | (a) | | e Categories listed at | the ten of this caba | adula) | (b) | Description | | | | |
| | OF | (-, | Credit Card | | trie top of triis scrie | edule) | (~) | | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | | | | | | _ | | officeholder livin | | |
| | | | | | | | | Credit card pareported here | | nent for can | npaign expenses | |
| | | | | | | | | reported field | .111 | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | 0 | office sou | ght | | | Office h | eld | |
| | 5.psa | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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 | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|---|
| | Credit Cara r ayment | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/30 Rpt: 18/145 | Zaffirini, Judith (The Honorable) | 00020971 |
| 4 | Date | 5 Payee name | |
| | 03/27/2023 | American Express | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,669.69 | P.O. Box 650448 | |
| | | | |
| | | Dallas, TX 75265 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Credit Card Payment | outside of Texas. Complete Schedule T. |
| | | | TX, officeholder living expense |
| | | reported here | ayment for campaign expenses in |
| _ | 2 2 | · · | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | · | | |
| | Date | Payee name | |
| | 04/04/2023 | American Express | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,362.38 | P.O. Box 650448 | |
| | | | |
| | | Dallas, TX 75265 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Credit Cara r ayment | outside of Texas. Complete Schedule T. |
| | | | TX, officeholder living expense ayment for campaign expenses |
| | | reported here | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Since held |
| | Date | Payee name | |
| | 04/28/2023 | American Express | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code P.O. Box 650448 | |
| | \$3,288.48 | P.O. BOX 030446 | |
| | | D. II TV 75005 | |
| | | Dallas, TX 75265 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Cical Calar dynicit | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | | ayment for campaign expenses |
| | | reported here | |
| | 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 Co

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: 3/30 Rpt: 19/145 | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 05/04/2023 | American Express |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3,130.37 | P.O. Box 650448 |
| | 1 | |
| | | Dallas, TX 75265 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | ! | Check if Austin, TX, officeholder living expense Credit card payment for campaign expenses |
| | 1 | reported herein |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| J | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 05/25/2023 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,404.82 | P.O. Box 650448 |
| | ! | |
| | ! | Dallas, TX 75265 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Credit card payment for campaign expense reported |
| | ! | herein |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | U |
| | | |
| | Date | Payee name |
| | 06/08/2023 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,116.86 | P.O. Box 650448 |
| | 1 | |
| | 1 | Dallas, TX 75265 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | ! | Credit card payment for campaign services reported herein |
| | 0 1: 0.11.7.7.1. | |
| | Complete ONLY if direct expenditure to benefit C/OH | 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 Comn

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: 4/30 Rpt: 20/145 | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 01/02/2023 | American Express |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,432.41 | P.O. Box 650448 |
| | | |
| | | Dallas, TX 75265 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Credit card payment for campaign expenses |
| | | reported herein |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/12/2023 | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8,807.52 | P.O. Box 650448 |
| | | |
| | | Dallas, TX 75265 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Credit card payment for campaign expenses |
| | | reported herein |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Data | |
| | Date 01/26/2023 | Payee name |
| | | American Express |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,899.78 | P.O. Box 650448 |
| | | Dallas, TX 75265 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Credit card payment for campaign expenses |
| | | reported herein |
| | 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
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/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: 5/30 Rpt: 21/145 | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 06/30/2023 | Anedot Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$349.30 | 1340 Polydras St. |
| | | |
| | | New Orleans, LA 70112 |
| 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 Processing Fees |
| | | 1 100000111g 1 000 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/31/2023 | Arellano's Plumbing |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$486.00 | 1217 Clark Blvd. |
| | * | |
| | | Laredo, TX 78046 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Headquarters repairs |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Pouso namo |
| | 05/17/2023 | Payee name Arellano's Plumbing |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$872.00 | 1217 Clark Blvd. |
| | Ψ012.00 | 1217 Oldin Biva. |
| | | Laredo, TX 78046 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Headquarters repairs |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | 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 Com 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 | | |
|----------|--|---|---|
| - | Total pages Caladula 51: | <u> </u> | _ |
| 1 | Total pages Schedule F1: | | |
| L | Sch: 6/30 Rpt: 22/145 | Zaffirini, Judith (The Honorable) 00020971 | |
| 4 | Date | 5 Payee name | |
| | 02/10/2023 | Carrales, Teresa | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$2,597.00 | P.O. Box 1485 | |
| | Ψ2,331.00 | 1.0. Box 1400 | |
| | | | |
| L | | Freer, TX 78357 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Contract Labor for campaign services | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | Н | |
| H | Date | Davida nama | = |
| | | Payee name ContexPoint Energy | |
| | 01/26/2023 | CenterPoint Energy | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$62.03 | P.O. Box 4981 | |
| | | | |
| | | Houston, TX 77210 | |
| _ | PURPOSE | | - |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Headquarters gas bill | |
| | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| L | | | _ |
| | Date | Payee name | |
| | 02/27/2023 | CenterPoint Energy | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$49.43 | P.O. Box 4981 | |
| | | | |
| | | Houston, TX 77210 | |
| | | | _ |
| | 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 Headquarters gas bill | |
| | | i icauquaiteis yas viii | |
| | | | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | experience to beliefft C/OI | | |
| | | | |
| | | | |
| | | | |

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 | Al 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: 7/30 Rpt: 23/145 | Zaffirini, Judith (The Honorable) 00020971 |
| 4 Date | 5 Payee name |
| 03/29/2023 | CenterPoint Energy |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$47.10 | P.O. Box 4981 |
| | |
| | Houston, TX 77210 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Headquarters gas bill |
| | r leauquaiteis gas biii |
| O Complete ONLY Station | Condidate/Officeholder name |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| <u>'</u> | |
| Date | Payee name |
| 04/27/2023 | CenterPoint Energy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$51.81 | P.O. Box 4981 |
| | |
| | Houston, TX 77210 |
| 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 |
| | Headquarters gas bill |
| | Tieddydditei's gds biii |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| <u> </u> | T _ |
| Date | Payee name |
| 05/24/2023 | CenterPoint Energy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$47.10 | P.O. Box 4981 |
| | |
| | Houston, TX 77210 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Headquarters gas bill |
| Operation Children | Our distance (Office health as marries and office a small to the control of the c |
| Complete <u>ONLY</u> 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: Sch: 8/30 Rpt: 24/145 | FILER NAME Zaffirini, Judith (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00020971 |
| 4 | Date 06/26/2023 | 5 Payee name CenterPoint Energy | 00020371 |
| 6 | Amount (\$) \$55.75 | 7 Payee address; City; State; Zip Code P.O. Box 4981 Houston, TX 77210 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters gas bill |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 03/10/2023 | Payee name Checkers Quick Lube | |
| | Amount (\$) \$239.77 | Payee address; City; State; Zip Code 2802 N. Arkansas | |
| | PURPOSE OF EXPENDITURE | Laredo, TX 78043 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vehicle Maintenance |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 01/09/2023 | Payee name City of Laredo Utilities | |
| | Amount (\$) \$193.71 | Payee address; City; State; Zip Code P.O. Box 6548 | |
| | | Laredo, TX 78042 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters water bill |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

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

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

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: 9/30 Rpt: 25/145 | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 02/07/2023 | City of Laredo Utilities |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$193.71 | P.O. Box 6548 |
| | | |
| | | Laredo, TX 78042 |
| 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 Headquarters water bill |
| | | ricadquarters water biii |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 03/08/2023 | City of Laredo Utilities |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$193.71 | P.O. Box 6548 |
| | Ф193.71 | F.O. BOX 0340 |
| | | |
| | | Laredo, TX 78042 |
| | 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 |
| | | Headquarters water bill |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 04/12/2023 | City of Laredo Utilities |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$193.71 | P.O. Box 6548 |
| | Ψ130.71 | 1.0. 500 0040 |
| | | Laredo, TX 78042 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Headquarters water bill |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 10/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 05/10/2023 | City of Laredo Utilities |
| 6 | Amount (\$) \$193.71 | 7 Payee address; City; State; Zip Code P.O. Box 6548 Laredo, TX 78042 |
| Ļ | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters water bill |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/07/2023 | City of Laredo Utilities |
| | Amount (\$) \$193.71 | Payee address; City; State; Zip Code P.O. Box 6548 |
| | | Laredo, TX 78042 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters water bill |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/09/2023 | Dove Springs Proud |
| | Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4103 Sojourner. St. |
| L | | Austin, TX 78725 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship |
| | 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 Comm

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 | 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: 11/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 | | | |
| 4 | Date | 5 Payee name | | | |
| | 01/25/2023 | El Manana | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$300.00 | 6010 McPherson, Bldg. C | | | |
| | | | | | |
| | | Laredo, TX 78041 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Advertising Expense | | | |
| | | Check if Austin, TX, officeholder living expense Ads | | | |
| | | Aus | | | |
| Ļ | Operation ONLY & Street | Occasional Office health and a second of the | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| L | | | | | |
| | Date | Payee name | | | |
| | 01/09/2023 | Headliners Club | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$205.93 | 221 W. 6th St., Ste. 2100 | | | |
| | | | | | |
| | | Austin, TX 78767 | | | |
| | 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 | | | |
| | | Dues | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| ⊨ | | | | | |
| | Date | Payee name | | | |
| | 02/10/2023 | Headliners Club | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$205.93 | 221 W. 6th St., Ste. 2100 | | | |
| | | | | | |
| | | Austin, TX 78767 | | | |
| | 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. | | | |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense | | | |
| | | Dues | | | |
| \vdash | Complete ONLY if alice of | Condidate/Officeholder name Office cought | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| \vdash | | | | | |
| | | | | | |
| L | | | | | |

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 | | Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services | Polling E ense Printing I | xpense Expens | | | Travel in Distric Travel Out of Di | |
|--|---|----------------------|---|------------------------------|------------------|----------------------|-------|---------------------------------------|----------------------------|
| | Credit Card Payment | | The Instruction Guide | explains how to c | omple | ete this form. | | | |
| 1 | Total pages Schedule F1: | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 12/30 Rpt: | Zaffirini, Ju | dith (The Honorable | ?) | | | | 00020971 | |
| 4 | Date | 5 Payee name |) | | | | | | |
| | 03/07/2023 | Headliners | Club | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$205.93 | 221 W. 6th | St., Ste. 2100 | | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78767 | | | | | | |
| 8 | PURPOSE | (a) Category (S | See Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Fees | | | | = | | | nplete Schedule T. |
| | | | | | | Dues Check if Austin | , TX, | officeholder livin | g expense |
| | | | | | | Dues | | | |
| _ | Complete ONLY if direct | Condidate/Off | iocholder neme | Office co | l uabt | | | Office b | ald |
| 9 | expenditure to benefit C/O | | ficeholder name | Office so | ugni | | | Office h | eiu |
| | Date | Payee name | ; | | | | | | |
| | 04/11/2023 | Headliners | Club | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$205.93 | 221 W. 6th | St., Ste. 2100 | | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78767 | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Fees | | | | = | | | pplete Schedule T. |
| | | | | | | Dues Check if Austin | , TX, | officeholder livin | g expense |
| | | | | | | Dues | | | |
| Complete ONLY if direct Condidate (Office holder name Office accepts | | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| | | <u> </u> | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/10/2023 | Headliners | Club | | | | | | |
| | Amount (\$) | Payee addre | | State; Zip C | ode | | | | |
| | \$205.93 | 221 W. 6th | St., Ste. 2100 | | | | | | |
| | | | | | | | | | |
| | | Austin, TX | 78767 | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Fees | - | , | | | | | plete Schedule T. |
| | LAFENDITORE | | | | | ш | , TX, | officeholder livin | g expense |
| | | | | | | Dues | | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | ficeholder name | Office so | ught | | | Office h | eld |
| | SAPERIALIZATE TO DELICITE C/OF | • | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | rms provided by Tayas Ethics Commission www.athics state ty us Version V3.5.1.a18aa2ca | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | The Instruction Guide explains how to co | emplete this form. | | |
|----------------------------|--|--------------------|---|------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 13/30 Rpt: | Zaffirini, Judith (The Honorable) | | 00020971 | |
| 4 Date | 5 Payee name | | | |
| 06/20/2023 | Headliners Club | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | |
| \$205.93 | 221 W. 6th St., Ste. 2100 | | | |
| | | | | |
| | Austin, TX 78767 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Fees | ı | outside of Texas. Con n, TX, officeholder livin | |
| | | Dues | i, ix, omeender iiviii | у схропос |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | ıght | Office h | eld |
| expenditure to benefit C/O | Н | | | |
| Date | Payee name | | | |
| 05/09/2023 | Javier Cantu Air Conditioning, Inc. | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| \$210.00 | 2817 E. Locust | | | |
| | | | | |
| | Laredo, TX 78043 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Office Overhead/Rental Expense | | outside of Texas. Con | |
| | | — | n, TX, officeholder livin s air condition e | |
| | | rodaquartor | s an corrandone | . ropan |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>l</u> ıght | Office h | eld |
| expenditure to benefit C/O | H | | | |
| Date | Payee name | | | |
| 01/24/2023 | John Doner & Associates, Inc. | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| \$51,014.90 | 1005 Congress Ave., Ste. 580 | | | |
| | | | | |
| | Austin, TX 78701 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Consulting Expense | Check if travel | outside of Texas. Con | • |
| LAI LINDITORE | | | n, TX, officeholder livin | g expense , postage, commission |
| | | Design, ever | it iees, mailers | , postage, commission |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | laht | Office h | eld. |
| expenditure to benefit C/O | | igrit | Office fi | GIU |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 14/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 01/26/2023 | John Doner & Associates, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$48,151.07 | 1005 Congress Ave., Ste. 580 |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Design, event fees, mailers, postage, commission |
| | | Design, event lees, mailets, postage, commission |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/09/2023 | John Doner & Associates, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$16,322.85 | 1005 Congress Ave., Ste. 580 |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Design, event fees, mailers, postage, commission |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/03/2023 | Lincoln Automotive Financial Services |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$925.12 | P.O. Box 650575 |
| | | |
| | | Dallas, TX 75265 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense Vehicle lease |
| | | Verlicie lease |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | d 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: 15/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 Date | 5 Payee name |
| 02/06/2023 | Lincoln Automotive Financial Services |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$925.12 | P.O. Box 650575 |
| | |
| | Dallas, TX 75265 |
| 0 DUDDOCE | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Transportation Equipment & Related |
| | Expense |
| | Vernole Educe |
| O Complete ONLY if allow | Condidate/Officeholder name |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| 2 2 2 2 2 2 2 2 2 2 | |
| Date | Payee name |
| 03/02/2023 | Lincoln Automotive Financial Services |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$925.12 | P.O. Box 650575 |
| | |
| | Dallas, TX 75265 |
| DUDDOCE | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Vehicle lease |
| | Vollidio loddo |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | |
| Date | Payee name |
| 04/03/2023 | Lincoln Automotive Financial Services |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$925.12 | P.O. Box 650575 |
| | |
| | Dallas, TX 75265 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Transportation Equipment & Related Consider the top of this schedule) Transportation Equipment & Related Consider the top of this schedule) Consider the top of this schedule) Consider the top of this schedule) |
| EXPENDITURE | Expense Check if Austin, TX, officeholder living expense |
| | Vehicle lease |
| | |
| 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 Committ

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

| Credit Card | ate/Officenoider/Politica d Payment | ai Coi | The Instruction Guide explains how to co | - | ete this form. | | OTHER (enter a | category not listed above) | |
|------------------------|--|--------|---|------|---|----|---------------------|----------------------------|-------|
| 1 Total page | es Schedule F1: | 2 | FILER NAME | | 3 | | Filer ID | (Ethics Commission Fi | lers) |
| Sch: | 16/30 Rpt: | | Zaffirini, Judith (The Honorable) | | | | 00020971 | | |
| 4 Date | | 5 | Payee name | | • | | | | |
| 05/02/20 | 23 | | Lincoln Automotive Financial Services | | | | | | |
| 6 Amount (\$ | \$) \$925.12 | 7 | Payee address; City; State; Zip Co P.O. Box 650575 | ode | | | | | |
| | | | Dallas, TX 75265 | | | | | | |
| 8 PURP OI EXPEND | F | (a) | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) | Description Check if travel out Check if Austin, To Vehicle lease | | | | |
| | ONLY if direct re to benefit C/O | | Candidate/Officeholder name Office sou | ight | | | Office he | eld | |
| Date | | | Payee name | | | | | | |
| 06/02/20 | 23 | | Lincoln Automotive Financial Services | | | | | | |
| Amount (\$ | \$925.12 | | Payee address; City; State; Zip Co P.O. Box 650575 | ode | | | | | |
| | | | Dallas, TX 75265 | | | | | | |
| PURP OI EXPEND | F | (a) | Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) | Description Check if travel out Check if Austin, TX Vehicle Lease | | | | |
| • | ONLY if direct re to benefit C/O | | Candidate/Officeholder name Office sou | ight | | | Office he | eld | |
| Date | | | Payee name | | | | | | |
| 01/12/20 | 23 | | Los Caballeros De La Republica Del Rio Grand | de | | | | | |
| Amount (\$ | \$200.00 | | Payee address; City; State; Zip Cc 1819 Hillside Road | ode | | | | | |
| | | | Laredo, TX 78041 | | | | | | |
| PURP OI EXPEND | F | (a) | Category (See Categories listed at the top of this schedule) Fees | (b) | Description Check if travel out Check if Austin, To Annual membe | Χ, | officeholder living | | |
| | ONLY if direct re to benefit C/O | | Candidate/Officeholder name Office sou | ight | | | Office he | eld | |
| | | | | | | | | | |

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

| | 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: 17/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 01/16/2023 | Pappas, Josie |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | |
| | | Laredo, TX 78041 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Contract labor for campaign services |
| _ | Commists ONII V if direct | Condidate/Officeholder name Office country |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 01/02/2023 | Pappas, Josie |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Contract labor for compaign continue |
| | | Contract labor for campaign services |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | o |
| _ | Dete | |
| | Date | Payee name |
| | 01/30/2023 | Pappas, Josie |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Contract labor for campaign services |
| | | Contract table for dampaign contract |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| H | | |
| | | |
| 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | 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: 18/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 02/13/2023 | Pappas, Josie |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | Laredo, TX 78041 |
| 8 | PURPOSE | |
| ľ | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Contract labor for campaign services |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | |
| ⊨ | Date | Davido namo |
| | 02/27/2023 | Payee name Pappas, Josie |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Contract labor for campaign services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/13/2023 | Pappas, Josie |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 4902 Marcella #64 |
| | | Loredo, TV 70041 |
| | DUDDOCE | Laredo, TX 78041 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Contract labor for campaign services |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| 1 | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | 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: 19/30 Rpt: | Zaffirini, Judith (The Honorable) | 00020971 |
| 4 | Date | 5 Payee name | |
| | 03/27/2023 | Pappas, Josie | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$800.00 | 4902 Marcella #64 | |
| | | | |
| | | Laredo, TX 78041 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | า |
| | OF EXPENDITURE | Calaries/ Wages/Contract Eabor | ravel outside of Texas. Complete Schedule T. |
| | | | Austin, TX, officeholder living expense Labor for campaign services |
| | | Contract | Labor for earnpaight services |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 04/10/2023 | Pappas, Josie | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$800.00 | 4902 Marcella #64 | |
| | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | 1 |
| | OF EXPENDITURE | Jaianes/Wages/Contract Labor | ravel outside of Texas. Complete Schedule T. |
| | | , | Austin, TX, officeholder living expense labor for campaign services |
| | | Somulati | ides i lei dampaign services |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 4 | |
| | Date | Payee name | |
| | 04/24/2023 | Pappas, Josie | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$800.00 | 4902 Marcella #64 | |
| | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | 1 |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | ravel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | | Austin, TX, officeholder living expense |
| | | Contract | labor for campaign services |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 9 | Office Held |
| | | | |
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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

| | 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: 20/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 05/08/2023 | Pappas, Josie | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$800.00 | 4902 Marcella #64 | | | | |
| | | | | | | |
| | | Laredo, TX 78041 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Contract labor for campaign services | | | | |
| | | Contract labor for campaign services | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| | Date | Payee name | | | | |
| | 05/22/2023 | Pappas, Josie | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$800.00 | 4902 Marcella #64 | | | | |
| | | | | | | |
| | | Laredo, TX 78041 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Contract labor for campaign services | | | | |
| | | Contract last for campaign convices | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | - | | | | |
| | Date | Payee name | | | | |
| | 06/05/2023 | Pappas, Josie | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$800.00 | 4902 Marcella #64 | | | | |
| | | | | | | |
| | | Laredo, TX 78041 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Contract labor for campaign services | | | | |
| | | Contract labor for campaign services | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OH | | | | | |
| | | | | | | |
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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 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: 21/30 Rpt: | Zaffirini, Judith (The Honorable) | 00020971 |
| 4 | Date | 5 Payee name | 1 |
| | 06/19/2023 | Pappas, Josie | |
| 6 | Amount (\$) \$800.00 | 7 Payee address; City; State; Zip Code 4902 Marcella #64 | |
| | | Laredo, TX 78041 | |
| 8 | PURPOSE OF EXPENDITURE | Check if Au | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense bor for campaign services |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 02/15/2023 | Personalized Promotions | |
| | Amount (\$) \$4,219.59 | Payee address; City; State; Zip Code 7605 Stoneywood | |
| | | Austin, TX 78731 | |
| | PURPOSE OF EXPENDITURE | Advertising Expense | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense naterials |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 03/02/2023 | Payee name Personalized Promotions | |
| | Amount (\$) \$3,610.79 | Payee address; City; State; Zip Code 7605 Stoneywood | |
| | | Austin, TX 78731 | |
| | PURPOSE OF EXPENDITURE | Advertising Expense | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense naterials |
| | 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 22/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 06/21/2023 | Personalized Promotions |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$716.66 | 7605 Stoneywood |
| | | |
| | | Austin, TX 78731 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Imprinted materials |
| _ | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 01/23/2023 | Reliant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.55 | P.O. Box 650475 |
| | | |
| | | Dallas, TX 75265 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | _/ | Check if Austin, TX, officeholder living expense Headquarters light bill |
| | | r readquarters light bill |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Data | David and a second a second and |
| | Date 02/21/2023 | Payee name Reliant |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$27.53 | P.O. Box 650475 |
| | | _ " |
| | | Dallas, TX 75265 |
| | 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 |
| | | Headquarters light bill |
| | | , |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

| | Credit Card Payment | | The Instruction Guide explains how to co | mple | te this form. |
|---|---|-----|--|------|--|
| 1 | Total pages Schedule F1: Sch: 23/30 Rpt: | 2 | FILER NAME Zaffirini, Judith (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020971 |
| 4 | Date 03/21/2023 | 5 | Payee name Reliant | | |
| 6 | Amount (\$) \$65.82 | 7 | Payee address; City; State; Zip Co | ode | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Dallas, TX 75265 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officeholder name Office sou | ght | Office held |
| | Date 04/19/2023 | | Payee name Reliant | | |
| | Amount (\$) \$72.42 | | Payee address; City; State; Zip Co P.O. Box 650475 Dallas, TX 75265 | ode | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill |
| | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Officeholder name Office sou | ght | Office held |
| | Date 05/22/2023 | | Payee name Reliant | | |
| | Amount (\$) \$96.02 | | Payee address; City; State; Zip Co P.O. Box 650475 | ode | |
| | | | Dallas, TX 75265 | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill |
| | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Officeholder name Office sou | ght | Office held |
| | | | | | |

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 Committe

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

| | 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: 24/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 06/20/2023 | Reliant |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$128.14 | P.O. Box 650475 |
| | | Dallas, TX 75265 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Headquarters light bill |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/24/2023 | Senate Democratic Caucus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5,000.00 | P.O. Box 1042 |
| | • | |
| | | Austin, TX 78767 |
| | 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 |
| | | Dues |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/31/2023 | Shiloh Automotive Services |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$375.98 | 204 Shiloh Dr. |
| | 40.0.00 | <u> </u> |
| | | Laredo, TX 78045 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense Vehicle Maintenance |
| | | venice maintenance |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| | | |
| | | |
| | | |

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

Travel in Dis Travel Out of Contract Labor OTHER (enti-

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: 25/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 01/25/2023 | Soliz Jr., Rosbel |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$195.00 | 1107 Savannah Loop |
| | | |
| | | Laredo, TX 78046 |
| 8 | 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 |
| | | Accounting services |
| | | 7 toodanang der video |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 05/02/2023 | Soliz Jr., Rosbel |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,187.50 | 1107 Savannah Loop |
| | | |
| | | Laredo, TX 78046 |
| | 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 |
| | | Accounting services |
| | | 7 toodanang der video |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 02/13/2023 | Store It All Self Storage Del Norte |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$450.00 | 5115 San Francisco Ave. |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Storage |
| | | Sitriage |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
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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 Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 26/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 03/16/2023 | Store It All Self Storage Del Norte |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$450.00 | 5115 San Francisco Avenue |
| | | |
| | | Laredo, TX 78041 |
| 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 |
| | | Storage |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 05/17/2023 | Store It All Self Storage Del Norte |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$450.00 | 5115 San Francisco Avenue |
| | Ψ430.00 | 5115 Sall Flaticisco Avenue |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Storage |
| | | Storage |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date 06/15/2023 | Payee name Store It All Self Storage Del Norte |
| | | Store It All Self Storage Del Norte |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$450.00 | 5115 San Francisco Avenue |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Storage |
| | | Ciorage |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
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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 Committ

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

| | 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: 27/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 01/18/2023 | Store It All Storage - Townlake-Hills |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$162.00 | 1234 Townlake Dr. |
| | | |
| | | Laredo, TX 78041 |
| 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 |
| | | Storage |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 02/13/2023 | Store It All Storage - Townlake-Hills |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.00 | 1234 Townlake Dr. |
| | 4102.00 | 120 Frommand 5.1. |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Storage |
| | | Ciorage |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Davida nama |
| | 03/14/2023 | Payee name Store It All Storage - Townlake-Hills |
| | | ū . |
| | Amount (\$) | Payee address; City; State; Zip Code 1234 Townlake Dr. |
| | \$162.00 | 1234 TOWINAKE DI. |
| | | Laredo, TX 78041 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Storage |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 28/30 Rpt: | Zaffirini, Judith (The Honorable) 00020971 |
| 4 | Date | 5 Payee name |
| | 04/19/2023 | Store It All Storage - Townlake-Hills |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$162.00 | 1234 Townlake Dr. |
| | | |
| | | Laredo, TX 78041 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Storage |
| _ | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 05/17/2023 | Store It All Storage - Townlake-Hills |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.00 | 1234 Townlake Dr. |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Storage |
| | Complete ONLY if direct | Candidata/Officeholder name Office country Office hold |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/15/2023 | Store It All Storage - Townlake-Hills |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.00 | 1234 Townlake Dr. |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Storage |
| | | Storage |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | U |
| | | |
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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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| Ļ | | 1 |
| 1 | Total pages Schedule F1: Sch: 29/30 Rpt: | 2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971 |
| 4 | Date | 5 Payee name |
| | 06/28/2023 | Strauss, Peyton |
| 6 | Amount (\$) \$560.28 | 7 Payee address; City; State; Zip Code 2502 Leon Street, Apt. 510 Austin, TX 78705 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Transportation Equipment & Related |
| | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense |
| | | Use of personal vehicle and mileage |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/09/2023 | Texas Democratic Women |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 5823 Doliver Drive |
| | + 200.00 | 3323 23.11.31 2.11.3 |
| | | Houston, TX 77057 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Sponsorship |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/02/2023 | The Frame House |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | ` ' | |
| | \$374.01 | 1611 Scott |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Framing |
| | | |
| | 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

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

| Candidate/Officeholder/Po | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F Sch: 30/30 Rpt: | F1: 2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971 |
| 4 Date 03/16/2023 | 5 Payee name The Philosophical Society of Texas |
| 6 Amount (\$) \$300.0 | 7 Payee address; City; State; Zip Code |
| 8 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 Dues |
| Complete ONLY if direct expenditure to benefit 0 | ct Candidate/Officeholder name Office sought Office held C/OH |
| Date 01/25/2023 | Payee name The Texas Senate |
| Amount (\$) \$2,949.0 | Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711 |
| PURPOSE OF EXPENDITURE | (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 Calendars |
| Complete <u>ONLY</u> if direct expenditure to benefit (| |
| | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/96 Rpt: 47/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date Payee name 01/07/2023 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code P.O. Box 6463 \$164.60 Carol Stream, IL 60197 TYPE OF Political Non-Political Х **EXPENDITURE 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 Wireless Telephone /internet/service for officeholder campaign work Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date AT&T

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/96 Rpt: 48/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/01/2023 AT&T Amount (\$) Payee address; State; Zip Code City; \$164.75 P.O. Box 105414 Atlanta, GA 30348 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Wireless telephone /internet service for officeholder campaign work 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/12/2023 AT&T Amount (\$) Payee address; City; State; Zip Code \$164.44 P.O. Box 105414 Atlanta, GA 30348 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense

Forms provided by Texas Ethics Commission

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Version V3.5.1.a18ea2ca

Check if Austin, TX, officeholder living expense

campaign work

Office sought

Wireless telephone/internet service for officeholder

Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking Consulting Expense | Event Expense Fees Food/Beverage Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District |
|---|---|---|---|
| Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Awards/Memorials Expense I Committee Legal Services | Printing Expense Salaries/Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) |
| | · | ns how to complete this form. | 1 |
| 1 Total pages Schedule F4: Sch: 3/96 Rpt: 49/145 | 2 FILER NAME Zaffirini, Judith (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00020971 |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED T | O A CREDIT CARD | \$ 4,891.69 |
| 5 Date 03/09/2023 | 6 Payee name AT&T | | |
| 7 Amount (\$) \$164.44 | P.O. Box 105414 | ate; Zip Code | |
| 9 TYPE OF | Atlanta, GA 30348 | _ | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense ephone/internet service for officeholder ork |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name | Office sought | Office held |
| Date 04/05/2023 | Payee name AT&T | | |
| Amount (\$) \$164.44 | Payee address; City; Sta P.O. Box 105414 Atlanta, GA 30348 | ate; Zip Code | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if travel | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ephone/internet/service for officeholder ork |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sought | Office held |
| | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Polling Expen Printing Expe | ad/Rental Expense se | Transportation E Travel in District Travel Out of Dis | |
|--|---|--------------------------------|-------------------------|---|----------------------------|
| | The Instruction Guide exp | | | , | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 4/96 Rpt: 50/145 | Zaffirini, Judith (The Honorable) | | | 00020971 | |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED | TO A CREDI | T CARD \$ | 3 | 4,891.69 |
| 5 Date | 6 Payee name | | • | | |
| 05/12/2023 | AT&T | | | | |
| 7 Amount (\$) \$164.31 | 8 Payee address; City; P.O. Box 105414 | State; Zip Code | | | |
| | Atlanta, GA 30348 | | | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Politica | al | | |
| 10 PURPOSE | (a) Category (See Categories listed at the top of | this schedule) (b |) Description | | |
| OF EXPENDITURE | Office Overhead/Rental Expense | | - | tside of Texas. Com | |
| | | | ш | X, officeholder living | service for officeholder |
| | | | campaign work | | Service for officeriolider |
| 11 Complete ONLY if direct | Candidate/Officeholder name | Office sough | | Office h | eld |
| expenditure to benefit C/O | | | | | |
| Date | Payee name | | | | |
| 03/08/2023 | Amazon Market Place | | | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| \$155.12 | P.O. Box 81226 | | | | |
| | | | | | |
| | Seattle, WA 98108 | | | | |
| TYPE OF EXPENDITURE | X Political | Non-Politica | al | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of | this schedule) (b | Description | | |
| EXPENDITURE | Office Overhead/Rental Expense | | = | tside of Texas. Com X, officeholder living | |
| | | | Office Supplies | | у схропос |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sough | i | Office he | eld |
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/96 Rpt: 51/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 03/08/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$38.91 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 for Hearing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/11/2023 **Amazon Market Place** Amount (\$) Payee address; City; State; Zip Code \$13.74 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/96 Rpt: 52/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 03/13/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$43.29 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2023 **Amazon Market Place** Amount (\$) Payee address; City; State; Zip Code \$36.78 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/96 Rpt: 53/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 02/25/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$3.95 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Supplies Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2023 **Amazon Market Place** Amount (\$) Payee address; City; State; Zip Code \$64.92 P.O. Box 81226

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/96 Rpt: 54/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 03/04/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$142.80 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE 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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2023 **Amazon Market Place** Amount (\$) Payee address; City; State; Zip Code \$35.62 P.O. Box 81226

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/96 Rpt: 55/145 Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 02/08/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$12.98 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Labels 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2023 **Amazon Market Place** Amount (\$) Payee address; City; State; Zip Code \$87.57 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Flags Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 5 04/08/2023 Amazon Market Place Amount (\$) Payee address; State; Zip Code City; \$97.35 P.O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By | Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | |
|---|--|--|
| Candidate/Officeholder/Politica | I Committee Legal Services Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form | or OTHER (enter a category not listed above) |
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/96 Rpt: | Zaffirini, Judith (The Honorable) | 00020971 |
| TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 | | |
| 5 Date 01/26/2023 | 6 Payee name Amazon Market Place | |
| 7 Amount (\$) \$64.86 | 8 Payee address; City; State; Zip Code P.O. Box 81226 | |
| | Seattle, WA 98108 | |
| 9 TYPE OF EXPENDITURE | X Political Non-Political | |
| 10 PURPOSE OF EXPENDITURE | Office Overficad/Nertial Expense | l travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 02/02/2023 | Amazon. Com | |
| Amount (\$) \$12.98 | Payee address; City; State; Zip Code P. O. Box 81226 Seattle, WA 98108 | |
| TYPE OF EXPENDITURE | X Political Non-Political | |
| PURPOSE OF EXPENDITURE | Check if | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense g Literacy Program |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | |

EXPENDITURE CATEGORIES FOR BOX 10(a)

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 02/03/2023 Amazon. Com Amount (\$) Payee address; State; Zip Code City; \$10.81 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2023 Amazon. Com Amount (\$) Payee address; City; State; Zip Code \$9.19 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Promoting Literacy Program Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 01/26/2023 Amazon. Com Amount (\$) Payee address; State; Zip Code City; \$2.15 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2023 Amazon. Com Amount (\$) Payee address; City; State; Zip Code \$5.40 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 04/09/2023 Amazon. Com Amount (\$) Payee address; State; Zip Code City; \$10.81 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE 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 **Promoting Literacy Program** Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2023 Amazon. Com Amount (\$) Payee address; City; State; Zip Code \$4.32 P. O. Box 81226

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 01/26/2023 Amazon. Com Amount (\$) Payee address; State; Zip Code City; \$2.65 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2023 Amazon. Com Amount (\$) Payee address; City; State; Zip Code \$4.32 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program**

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date Payee name 5 04/01/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$31.45 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$21.57 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Supplies

Office held

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 02/26/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$12.97 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Label supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$25.12 P. O. Box 81226 Seattle, WA 98108

Non-Political

Office sought

(b) Description

Office Supplies

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Χ

Political

Candidate/Officeholder name

Office Overhead/Rental Expense

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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 01/14/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$16.23 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$16.23 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Promoting Literacy Program

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Office sought

Version V3.5.1.a18ea2ca

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 01/26/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$6.48 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$14.06 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 02/07/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$14.06 P. O. Box 81226 Seattle, WA 98108 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/21/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$12.98 P. O. Box 81226

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Promoting Literacy Program

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Seattle, WA 98108

Political

Candidate/Officeholder name

Office Overhead/Rental Expense

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

Χ

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date Payee name 5 04/05/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$9.73 P. O. Box 81226 Seattle, WA 98108 TYPE OF Non-Political Х Political **EXPENDITURE 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 **Promoting Literacy Program** Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/05/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$9.73 P. O. Box 81226

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Payee name 5 Date 04/23/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$16.23 P. O. Box 81226 Seattle, WA 98108 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/10/2023 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$4.32 P. O. Box 81226

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Promoting Literacy Program

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Seattle, WA 98108

Political

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

Χ

Event Expense

Candidate/Officeholder name

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 05/06/2023 Amazon.com Amount (\$) Payee address; State; Zip Code City; \$15.14 P. O. Box 81226 Seattle, WA 98108 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **Promoting Literacy Program** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2023 American Express Amount (\$) Payee address; City; State; Zip Code \$2,088.95 P.O. Box 650448 Dallas, TX 75265 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cards for volunteers

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/12/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$2.15 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **OR** Reader 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/19/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$8.10 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Microsoft subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/24/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$2.24 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 **I-Cloud Storage** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/24/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$2.24 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense I-Cloud storage

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 03/24/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$8.10 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Microsoft software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/02/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$8.65 1 Infinite Loop Cupertino, CA 95014 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.

Forms provided by Texas Ethics Commission

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

Version V3.5.1.a18ea2ca

Check if Austin, TX, officeholder living expense

Office held

I-Cloud storage

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/02/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$2.24 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 I-Cloud storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/26/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$8.11 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Microsoft Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/26/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$2.24 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 I Cloud Storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$2.15 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

QR Reader

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/20/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$36.52 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Internet Charge 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/24/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$2.24 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **I-Cloud Storage**

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/12/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$2.15 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 QR Reader 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/12/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$2.15 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense QR Reader Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/19/2023 Apple Company Store Amount (\$) Payee address; State; Zip Code City; \$8.10 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Microsoft Office Software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/19/2023 Apple Company Store Amount (\$) Payee address; City; State; Zip Code \$2.24 1 Infinite Loop Cupertino, CA 95014 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|---|---|---|
| 1 Total pages Schedule F4: | · · · · · · · · · · · · · · · · · · · | · | 3 Filer ID (Ethics Commission Filers) |
| Sch: 32/96 Rpt: | Zaffirini, Judith (The Honorable) | | 00020971 |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED | TO A CREDIT CARD | \$ 4,891.69 |
| 5 Date 01/26/2023 | 6 Payee name Ascending Technologies, Inc | | |
| 7 Amount (\$) \$289.23 | 8 Payee address; City; St P.O. Box 450528 | tate; Zip Code | |
| | Laredo, TX 78045 | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if trave | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense epairs |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 04/17/2023 | Ascending Technologies, Inc | | |
| Amount (\$) \$102.84 | P.O. Box 450528 | tate; Zip Code | |
| | Laredo, TX 78045 | | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if trave | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ers security camera repair |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name H | Office sought | Office held |
| | | | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 Bluehost Amount (\$) Payee address; City; State; Zip Code \$191.39 560 Timpanogos Pkwy Orem, UT 84097 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Subscription website host 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/16/2023 Chevron Amount (\$) Payee address; City; State; Zip Code \$69.93 2710 Bee Caves Rd. Austin, TX 78746 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 Chevron Amount (\$) Payee address; City; State; Zip Code 2710 Bee Caves Rd. \$70.09 Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Chicago Books Amount (\$) Payee address; City; State; Zip Code \$2,181.38 11030 S. Langley Ave. Chicago, IL 60628 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 05/05/2023 Circle K Amount (\$) Payee address; City; State; Zip Code \$45.81 4418 Hwy359 Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/17/2023 Circle K Amount (\$) Payee address; City; State; Zip Code \$42.67 4418 Hwy359 Laredo, TX 78043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/26/2023 Circle K Amount (\$) Payee address; City; State; Zip Code \$46.00 4418 Hwy359 Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/26/2023 Circle K Amount (\$) Payee address; City; State; Zip Code \$41.00 4418 Hwy359 Laredo, TX 78043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/13/2023 Clayton Spangler Photographic Design Amount (\$) Payee address; City; State; Zip Code \$511.00 235 Point Lich Drive Charleston, WV 25306 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Texas Senate panoramic photo 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/07/2023 Crane Stationery Amount (\$) Payee address; City; State; Zip Code \$181.81 461 Saratoga Street Cohoes, NY 12047 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stationery Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date Payee name 04/07/2023 Crane Stationery Amount (\$) Payee address; State; Zip Code City; \$125.52 461 Saratoga Street Cohoes, NY 12047 **TYPE OF** Non-Political Х Political **EXPENDITURE 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 Stationery Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2023 Davek Accessories Inc. Amount (\$) Payee address; City; State; Zip Code \$246.00 115 West 30th Street Ste. 1205 New York, NY 10001 **TYPE OF** Non-Political Χ Political **EXPENDITURE**

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/11/2023 Exxon Mobil 4596 Amount (\$) Payee address; State; Zip Code City; \$7.67 1302 Hwy 83 Zapata, TX 78706 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Parade supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/13/2023 Exxon Mobil 4774 Amount (\$) Payee address; City; State; Zip Code \$35.00 1406 S. Hwy 281 Marble Falls, TX 78654 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/13/2023 Exxon Mobil 4794 Amount (\$) Payee address; State; Zip Code \$36.00 1403 S. Lamar Blvd. Austin, TX 78704 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/08/2023 Exxon Mobil 4794 Amount (\$) Payee address; City; State; Zip Code \$31.25 1403 S. Lamar Blvd. Austin, TX 78704 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/12/2023 Exxon Mobil 4795 Amount (\$) Payee address; State; Zip Code City; \$48.00 9703 Marbach Rd San Antonio, TX 78245 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/02/2023 Exxon Mobil 4795 Amount (\$) Payee address; City; State; Zip Code \$44.00 9703 Marbach Rd San Antonio, TX 78245 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Gasoline

Office held

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 42/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 02/04/2023 Exxon Mobil 4832 Amount (\$) Payee address; State; Zip Code City; \$30.49 1403 S. Lamar Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Facebook Amount (\$) Payee address; City; State; Zip Code

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/31/2023 FedEx Freight Amount (\$) Payee address; City; State; Zip Code \$138.00 P. O. Box 10306 Palatine, IL 60055-0306 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 Shipping charge 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 FedEx Freight Amount (\$) Payee address; City; State; Zip Code \$43.22 P. O. Box 10306 Palatine, IL 60055-0306 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Shipping Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/16/2023 FedEx Freight Amount (\$) Payee address; City; State; Zip Code \$32.44 P. O. Box 10306 Palatine, IL 60055-0306 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Shipping 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/03/2023 Finish Line Amount (\$) Payee address; City; State; Zip Code \$129.95 2900 Bee Caves Rd. Austin, TX 78746

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Vehicle maintenance

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Χ

Expense

Political

Candidate/Officeholder name

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

Transportation Equipment & Related

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/19/2023 Finish Line Amount (\$) Payee address; City; State; Zip Code \$21.95 2900 Bee Caves Rd. Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle maintenance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/19/2023 Finish Line Amount (\$) Payee address; City; State; Zip Code \$54.94 2900 Bee Caves Rd. Austin, TX 78746 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 03/26/2023 Finish Line Amount (\$) Payee address; City; State; Zip Code \$129.95 2900 Bee Caves Rd. Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle maintenance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Finish Line Amount (\$) Payee address; City; State; Zip Code \$26.95 2900 Bee Caves Rd.

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date Payee name 01/07/2023 Grammarly, Inc. Amount (\$) Payee address; City; State; Zip Code \$450.00 548 Market Street, #35410 San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE 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 Subscription Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2023 Hammacher Schemmer

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 48/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/06/2023 **Headliners Club** Amount (\$) Payee address; City; State; Zip Code \$364.68 221 W. 6th St., Ste. 2100 Austin, TX 78767 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Luncheon 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2023 Holiday Inn Austin Townlake Amount (\$) Payee address; City; State; Zip Code \$198.96 20 North IH-35 Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lodging for staff

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B | Event Expense Fees Food/Beverage Expense sy - Gift/Awards/Memorials Expense | Office Ove Polling Exp | | | |
|--|---|---------------------------|----------------------|--|------------------------------|
| Candidate/Officeholder/Politic | al Committee Legal Services | Salaries/W | /ages/Contract Labor | | a category not listed above) |
| 1 Total pages Cabadula E4: | The Instruction Guide exp | olains how to co | mplete this form. | 3 Filer ID | (Ethios Commission Filors) |
| 1 Total pages Schedule F4: Sch: 49/96 Rpt: | Zaffirini, Judith (The Honorable) | | | 00020971 | (Ethics Commission Filers) |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHARGED |) TO A CRE | DIT CARD | \$ | 4,891.69 |
| 5 Date 01/02/2023 | 6 Payee name Holiday Inn Express | | | | |
| 7 Amount (\$) \$454.24 | 8 Payee address; City; 929 10th Street | State; Zip Co | de | | |
| | Floresville, TX 78114 | | | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Poli | tical | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Travel In District | this schedule) | <u> </u> | outside of Texas. Coi n, TX, officeholder livir | |
| 11 Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name | Office sou | ght | Office h | neld |
| Date | Payee name | | | | |
| 01/30/2023 | Michaels | | | | |
| Amount (\$) \$324.59 | Payee address; City; 5510 San Bernardo Laredo, TX 78041 | State; Zip Co | de | | |
| TYPE OF | | | | | |
| EXPENDITURE | X Political | Non-Poli | tical | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Gift/Awards/Memorials Expense | this schedule) | <u> </u> | outside of Texas. Coi n, TX, officeholder livir | • |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name H | Office sou | ght | Office h | neld |
| | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Committee Legal Services Salaries/Wages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|--|---|--------------------------------|---|--|--|
| | The Instruction Guide expla | ins how to complete this form. | | | |
| 1 Total pages Schedule F4: | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 50/96 Rpt: | Zaffirini, Judith (The Honorable) | | 00020971 | | |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED | TO A CREDIT CARD | \$ 4,891.69 | | |
| 5 Date 02/04/2023 | 6 Payee name Michaels | | | | |
| 7 Amount (\$) \$88.72 | 8 Payee address; City; State; Zip Code 5510 San Bernardo | | | | |
| | Laredo, TX 78041 | | | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Gift/Awards/Memorials Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sought | Office held | | |
| Date | Payee name | | | | |
| 04/21/2023 | Michaels | | | | |
| Amount (\$) \$47.58 | Payee address; City; St 5510 San Bernardo Laredo, TX 78041 | ate; Zip Code | | | |
| TYPE OF EXPENDITURE | X Political | Non-Political | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name H | Office sought | Office held | | |
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 Michaels Amount (\$) Payee address; City; State; Zip Code \$43.28 5510 San Bernardo Laredo, TX 78041 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Frames Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Michaels

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 52/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/14/2023 Minuteman Lube Amount (\$) Payee address; City; State; Zip Code \$78.85 2119 Corpus Christi Street Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle maintenance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/03/2023 Minuteman Lube

State; Zip Code

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Vehicle maintenance

Amount (\$)

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

\$83.63

Payee address;

Laredo, TX 78043

Χ

Expense

2119 Corpus Christi Street

Political

Candidate/Officeholder name

City;

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

Transportation Equipment & Related

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 53/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69

| 5 Date | 6 Payee name |
|----------------------------|---|
| 01/12/2023 | Moreno's Kwik Stop |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
| \$68.15 | 3601 Jaime Zapata Memorial Hwy. |
| | Laredo, TX 78043 |
| 2 TVDE OF | |
| 9 TYPE OF EXPENDITURE | X Political Non-Political |
| 10 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Transportation Equipment & Related |
| | Gasoline |
| | |
| 11 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 01/12/2023 | Moreno's Kwik Stop |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$48.17 | 3601 Jaime Zapata Memorial Hwy. |
| + | Cool dame Zapata memena riny. |
| | Laredo, TX 78043 |
| TYPE OF | X Political Non-Political |
| EXPENDITURE | X Political Noti-Folitical |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. |
| | Expense Check if Austin, TX, officeholder living expense Gasoline |
| | Gasuille |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 54/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/03/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$53.32 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/19/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$49.68 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Transportation Equipment & Related

Candidate/Officeholder name

Expense

Check if Austin, TX, officeholder living expense

Office held

Gasoline

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 55/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/17/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$52.41 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/24/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$47.16 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE**

(b) Description

Gasoline

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

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

Transportation Equipment & Related

Candidate/Officeholder name

Expense

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 56/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/11/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$24.90 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 57/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/14/2023 Moreno's Kwik Stop Amount (\$) Payee address; City; State; Zip Code \$56.67 3601 Jaime Zapata Memorial Hwy. Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 58/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/18/2023 National Federation of Press Women Amount (\$) Payee address; City; State; Zip Code \$408.00 200 Little Falls Street Falls Church, VA 22046 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 **Entry Fees** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/18/2023 National Federation of Press Women Amount (\$) Payee address; City; State; Zip Code \$312.00 200 Little Falls Street Falls Church, VA 22046 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Entry Fees** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 59/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 05/06/2023 Nuts.com Amount (\$) Payee address; State; Zip Code City; 125 Moen Street \$755.41 Cranford, NJ 07016 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/27/2023 OfficeMax, Inc. Payee address: Amount (\$) City; State; Zip Code \$21.31 907 W 5th St., Ste. 101 Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 60/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/07/2023 OfficeMax, Inc. Amount (\$) Payee address; City; State; Zip Code \$16.55 907 W 5th St., Ste. 101 Austin, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/18/2023 OfficeMax, Inc. Payee address: Amount (\$) City; State; Zip Code \$50.36 907 W 5th St., Ste. 101 Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 61/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 OfficeMax, Inc. Amount (\$) Payee address; City; State; Zip Code \$39.39 907 W 5th St., Ste. 101 Austin, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 OfficeMax, Inc. Payee address: Amount (\$) City; State; Zip Code \$25.81 907 W 5th St., Ste. 101 Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if Austin, TX, officeholder living expense

Office held

Office Supplies

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 62/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 04/09/2023 Rackspace Amount (\$) Payee address; City; State; Zip Code \$19.91 5000 Walzem Rd. San Antonio, TX 78218 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/25/2023 Rackspace Payee address: Amount (\$) City; State; Zip Code \$71.95 5000 Walzem Rd. San Antonio, TX 78218

Non-Political

Office sought

(b) Description

Email server

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Political

Candidate/Officeholder name

Office Overhead/Rental Expense

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

Χ

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 63/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/09/2023 Rackspace Amount (\$) Payee address; City; State; Zip Code \$35.44 5000 Walzem Rd. San Antonio, TX 78218 TYPE OF Political Non-Political Х **EXPENDITURE 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 Email server Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/01/2023 Rackspace Payee address: Amount (\$) City; State; Zip Code \$7.99 5000 Walzem Rd.

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 64/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/02/2023 Rackspace Amount (\$) Payee address; City; State; Zip Code \$13.96 5000 Walzem Rd. San Antonio, TX 78218 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 Email server 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/26/2023 Rackspace Payee address: Amount (\$) City; State; Zip Code \$5.40 5000 Walzem Rd.

Non-Political

Office sought

(b) Description

Email server

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

San Antonio, TX 78218

Candidate/Officeholder name

Χ

Political

Office Overhead/Rental Expense

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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 65/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/09/2023 Rackspace Amount (\$) Payee address; City; State; Zip Code \$5.40 5000 Walzem Rd. San Antonio, TX 78218 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 Email server 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/09/2023 Rackspace

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 66/96 Rpt: | Zaffirini, Judith (The Honorable) | | 00020971 |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED 1 | TO A CREDIT CARD | \$ 4,891.69 |
| 5 Date 03/05/2023 | 6 Payee name SP Flovery.Com | | |
| 7 Amount (\$) \$1,012.17 | 8 Payee address; City; Sta 327 Williams Ave. S Renton, WA 98057 | ate; Zip Code | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Office Overhead/Rental Expense | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense Capitol Office and Luncheon |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 01/02/2023 | Sendero Hacia La Cruz Church Inc. | | |
| Amount (\$) \$500.00 | Payee address; City; Sta 516 Rio Rojo Rio Bravo, TX 78046 | ate; Zip Code | |
| TYPE OF EXPENDITURE | X Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder/Political Cor | Check if travel | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name H | Office sought | Office held |
| | | | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 67/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/02/2023 Shell Austin Amount (\$) Payee address; City; State; Zip Code \$42.00 3310 N. Capital of Texas Highway Austin, TX 78746 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/06/2023 Shell Austin Amount (\$) Payee address; City; State; Zip Code \$30.00 3310 N. Capital of Texas Highway Austin, TX 78746 TYPE OF Non-Political Χ Political **EXPENDITURE**

(b) Description

Gasoline

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

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

Transportation Equipment & Related

Candidate/Officeholder name

Expense

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 68/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/15/2023 Shell Austin Amount (\$) Payee address; City; State; Zip Code \$48.09 3310 N. Capital of Texas Highway Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/22/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$12.00 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Χ Political **EXPENDITURE**

10 11 Complete ONLY if direct **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.a18ea2ca

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 69/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/22/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$49.75 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/26/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$48.65 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Transportation Equipment & Related

Candidate/Officeholder name

Expense

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Gasoline

Office sought

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 70/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/23/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$14.00 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle maintenance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/23/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$68.61 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Χ Political

(b) Description

Gasoline

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

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

Transportation Equipment & Related

Candidate/Officeholder name

Expense

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 71/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 Date 5 Payee name 05/07/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$59.37 4545 S. Lamar Blvd. Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/07/2023 Shell Oil Amount (\$) Payee address; City; State; Zip Code \$14.00 4545 S. Lamar Blvd.

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 72/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/13/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$38.09 98 Red Bud Trail Austin, TX 78746 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/13/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$22.26 98 Red Bud Trail Austin, TX 78746 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 73/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/12/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code 98 Red Bud Trail \$43.45 Austin, TX 78746 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/18/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$19.74 98 Red Bud Trail Austin, TX 78746 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 74/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 03/03/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$34.00 98 Red Bud Trail Austin, TX 78746 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$55.99 98 Red Bud Trail Austin, TX 78746 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 75/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/12/2023 Shell Westlake Auto Care Amount (\$) Payee address; City; State; Zip Code \$54.45 98 Red Bud Trail Austin, TX 78746 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/04/2023 Shell Amount (\$) Payee address; City; State; Zip Code \$19.73 3828 Interstate 35 Austin, TX 78751 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking | Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expe | nse Transportation Equipment & Related Expense |
|--|--|--|
| Consulting Expense Contributions/ Donations Made By | Food/Beverage Expense Polling Expense /- Gift/Awards/Memorials Expense Printing Expense | Travel in District Travel Out of District |
| Candidate/Officeholder/Politica | | |
| | The Instruction Guide explains how to complete this form | |
| 1 Total pages Schedule F4: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 76/96 Rpt: | Zaffirini, Judith (The Honorable) | 00020971 |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 4,891.69 |
| 5 Date | 6 Payee name | |
| 01/24/2023 | Store It All Self Storage Del Norte | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |
| \$450.00 | 5115 San Francisco Ave. | |
| | | |
| | Laredo, TX 78041 | |
| 9 TYPE OF EXPENDITURE | X Political Non-Political | |
| 10 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | n |
| OF EXPENDITURE | Office Overficad/Nertial Experise | travel outside of Texas. Complete Schedule T. |
| | I ⊔ | Austin, TX, officeholder living expense |
| | Storage | |
| 11 Complete ONLY if direct | Condidate/Officeholder name Office cought | Office hold |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| Date | Payee name | |
| 04/24/2023 | Store It All Self Storage Del Norte | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$450.00 | 5115 San Francisco Avenue | |
| | | |
| | Laredo, TX 78041 | |
| TYPE OF EXPENDITURE | X Political Non-Political | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | n |
| OF EXPENDITURE | l : : : : | travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if | Austin, TX, officeholder living expense |
| | Storage | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 77/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/02/2023 Sunnyland Farms Amount (\$) Payee address; State; Zip Code City; \$681.84 P.O. Box 8200 Albany, GA 31706 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative Gifts Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/06/2023 Sunnyland Farms Amount (\$) Payee address; City; State; Zip Code \$325.90 P.O. Box 8200

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 78/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 Texaco Amount (\$) Payee address; State; Zip Code City; \$26.48 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Texaco Amount (\$) Payee address; City; State; Zip Code \$47.32 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 79/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/06/2023 Texaco Amount (\$) Payee address; State; Zip Code City; \$58.02 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/14/2023 Texaco Amount (\$) Payee address; City; State; Zip Code \$35.58 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 80/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/08/2023 Texaco Amount (\$) Payee address; State; Zip Code City; \$15.04 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2023 Texaco Amount (\$) Payee address; City; State; Zip Code \$35.12 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 81/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/20/2023 Texaco Amount (\$) Payee address; State; Zip Code City; \$24.97 719 William Cannon Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/28/2023 Texaco Amount (\$) Payee address; City; State; Zip Code \$38.01 2400 Exposition Blvd Austin, TX 78745 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 82/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/12/2023 Texaco Amount (\$) Payee address; State; Zip Code City; \$12.71 2400 Exposition Blvd Austin, TX 78745 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/24/2023 Texas State History Museum Store Amount (\$) Payee address; City; State; Zip Code \$14.21 P. O. Box 12874 Austin, TX 78711 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Office supplies

Office held

Office sought

Version V3.5.1.a18ea2ca

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 83/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/04/2023 Texas State History Museum Store Amount (\$) Payee address; City; State; Zip Code \$69.01 P. O. Box 12874 Austin, TX 78711 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative Gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/20/2023 Texas State History Museum Store Amount (\$) Payee address; City; State; Zip Code \$72.74 P. O. Box 12874 Austin, TX 78711 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Texas Coloring Books** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 84/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/12/2023 Texas State History Museum Amount (\$) Payee address; State; Zip Code \$4,371.70 1800 N. Congress Avenue Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2023 Texas State History Museum Amount (\$) Payee address; State; Zip Code \$211.52 P. O. Box 12874 Austin, TX 78711 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 85/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 01/02/2023 The Menagerie Amount (\$) Payee address; City; State; Zip Code \$487.13 1601 West 38th Street Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/01/2023 The Texas Tribune Amount (\$) Payee address; City; State; Zip Code \$325.00 823 Congress Ave., Suite 210 Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription

Forms provided by Texas Ethics Commission

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

www.ethics.state.tx.us

Office sought

Version V3.5.1.a18ea2ca

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 86/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/05/2023 Tiff 's Treats Amount (\$) Payee address; State; Zip Code City; \$350.13 1806 Nueces St. Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Legislative gifts for committees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/06/2023 Tiff 's Treats Amount (\$) Payee address; City; State; Zip Code \$133.19 1806 Nueces St. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts for committees

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 87/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/21/2023 Union 76 Amount (\$) Payee address; State; Zip Code City; \$60.73 2705 N. Arkansas Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/06/2023 Union 76 Amount (\$) Payee address; City; State; Zip Code \$47.10 2705 N. Arkansas Laredo, TX 78043 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 88/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/10/2023 Union 76 Amount (\$) Payee address; State; Zip Code City; \$61.93 2705 N. Arkansas Laredo, TX 78043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date University Co-op 04/14/2023 Amount (\$) Payee address; City; State; Zip Code \$279.25 2246 Guadalupe St. Austin, TX 78702 **TYPE OF** Non-Political Χ Political **EXPENDITURE**

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 89/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 04/27/2023 University Co-op Amount (\$) Payee address; State; Zip Code City; \$171.00 2246 Guadalupe St. Austin, TX 78702 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/12/2023 Verizon Wireless Amount (\$) Payee address; City; State; Zip Code \$163.35 P.O. Box 75226 Dallas, TX 75226 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Wireless telephone/internet service for officeholder

Office held

Check if Austin, TX, officeholder living expense

campaign work

Office sought

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Accounting/Banking Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Office Ov Polling Ex Printing E | | Transpor Travel in Travel O | or Printralsing Expense ration Equipment & Related Expense District ut of District (enter a category not listed above) |
|---|--|---------------------------------------|-------------------|--|--|
| | The Instruction Guide ex | plains how to co | mplete this form. | | |
| 1 Total pages Schedule F4: Sch: 90/96 Rpt: | 2 FILER NAME Zaffirini, Judith (The Honorable) | | | 3 Filer ID 00020 | |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGE | O TO A CRE | DIT CARD | \$ | 4,891.69 |
| 5 Date 01/06/2023 | 6 Payee name Verizon Wireless | | | 1 | |
| 7 Amount (\$) \$134.48 | 8 Payee address; City; P.O. Box 75226 | State; Zip Co | de | | |
| 9 TYPE OF | Dallas, TX 75226 | | | | |
| EXPENDITURE | X Political | Non-Pol | tical | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Office Overhead/Rental Expense | | Check if Aust | tin, TX, officehold ephone/int e | as. Complete Schedule T. Jer living expense ernet service for officeholder |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name H | Office sou | ght | Of | fice held |
| Date 02/01/2023 | Payee name Verizon Wireless | | | | |
| Amount (\$) \$134.64 | Payee address; City; P.O. Box 75226 | State; Zip Co | de | | |
| TYPE OF | Dallas, TX 75226 | Non-Pol | tical | | |
| EXPENDITURE | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Office Overhead/Rental Expense | | Check if Aust | tin, TX, officehold ephone/int e | as. Complete Schedule T. der living expense ernet service for officeholder |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name | Office sou | ght | Of | fice held |
| | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Polling Expe ense Printing Exp | | Travel in Distric | |
|---|--|-----------------------------------|------------------|--|----------------------------|
| | The Instruction Guide | explains how to com | plete this form. | | |
| 1 Total pages Schedule F4: Sch: 91/96 Rpt: | 2 FILER NAME Zaffirini, Judith (The Honorable | e) | 3 | 3 Filer ID 00020971 | (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARG | ED TO A CRED | OIT CARD | \$ | 4,891.69 |
| 5 Date 03/09/2023 | 6 Payee name Verizon Wireless | | | | |
| 7 Amount (\$) \$153.68 | 8 Payee address; City; P.O. Box 75226 | State; Zip Cod | e | | |
| 9 TYPE OF EXPENDITURE | Dallas, TX 75226 | Non-Politi | cal | | |
| | <u> </u> | | h) 5 | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Office Overhead/Rental Expen | | Check if Austin, | | |
| 11 Complete ONLY if direct expenditure to benefit C/ON | Candidate/Officeholder name H | Office soug | ht | Office h | eld |
| Date 04/12/2023 | Payee name Verizon Wireless | | | | |
| Amount (\$) \$134.65 | Payee address; City; P.O. Box 75226 Dallas, TX 75226 | State; Zip Cod | e | | |
| TYPE OF EXPENDITURE | X Political | Non-Politi | cal | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to Office Overhead/Rental Expen | | Check if Austin, | utside of Texas. Cor TX, officeholder livin hone/internet k | |
| Complete ONLY 'f -!' : | Candidate/Officeholder name | Office soug | ht | Office h | eld |
| Complete ONLY if direct expenditure to benefit C/Oh | Н | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Office Over Polling Exp Printing Exp | | Transportation Travel in Distri Travel Out of D | |
|--|--|--|-----------------|---|--|
| | The Instruction Guide ex | | | · | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 92/96 Rpt: | Zaffirini, Judith (The Honorable) | | | 00020971 | |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGEI | O TO A CREI | DIT CARD | \$ | 4,891.69 |
| 5 Date 03/08/2023 | 6 Payee name Verizon Wireless | | | | |
| 7 Amount (\$) \$134.65 | 8 Payee address; City; P.O. Box 75226 | State; Zip Coo | le | | |
| | Dallas, TX 75226 | | | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Politi | cal | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Office Overhead/Rental Expense | | <u> </u> | outside of Texas. Co | |
| | | | ш | | ng expense t service for officeholder |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name | Office soug | ht | Office I | neld |
| Date | Payee name | | | | |
| 05/11/2023 | Verizon Wireless | | | | |
| Amount (\$) \$134.45 | Payee address; City; P.O. Box 75226 | State; Zip Coo | le | | |
| | Dallas, TX 75226 | | | | |
| TYPE OF EXPENDITURE | X Political | Non-Politi | cal | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of Office Overhead/Rental Expense | | Check if Austin | | • |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office soug | ht | Office I | neld |
| | | | | | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 93/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 02/21/2023 Wal-Mart Amount (\$) Payee address; City; State; Zip Code \$129.36 2615 NE Bob Bullock Loop Laredo, TX 78045 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (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 suppplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/04/2023 Walmart Amount (\$) Payee address; City; State; Zip Code \$7.01 5610 San Bernardo Laredo, TX 78041 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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 F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| Advertising Expense Accounting/Banking Consulting Expense | Event Expense Fees Food/Beverage Expense | | ayment/Reimbursement erhead/Rental Expense pense | | ndraising Expense Equipment & Related Expense ct |
|---|---|-----------------|--|----------------------------|--|
| Contributions/ Donations Made By Candidate/Officeholder/Politica | y - Gift/Awards/Memorials Expense | Printing E | | Travel Out of D | |
| | The Instruction Guide exp | lains how to co | mplete this form. | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 94/96 Rpt: | Zaffirini, Judith (The Honorable) | | | 00020971 | |
| 4 TOTAL OF UNITEMIZ | ZED EXPENDITURES CHARGED | TO A CRE | DIT CARD | \$ | 4,891.69 |
| 5 Date 03/26/2023 | 6 Payee name Walmart | | | | |
| 7 Amount (\$) | ' ' ' | State; Zip Co | de | | |
| \$18.31 | 5610 San Bernardo | | | | |
| | Laredo, TX 78041 | | | | |
| 9 TYPE OF EXPENDITURE | X Political | Non-Poli | tical | | |
| 10 PURPOSE OF | (a) Category (See Categories listed at the top of | this schedule) | (b) Description | | |
| EXPENDITURE | Event Expense | | - | outside of Texas. Co | |
| | | | Supplies | ,, 174, 0111001101001 1171 | ng oxponed |
| | | | | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name H | Office sou | ght | Office I | neld |
| Date | Payee name | | | | |
| 01/12/2023 | Walmart | | | | |
| Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| \$23.74 | 5610 San Bernardo | | | | |
| | Laredo, TX 78041 | | | | |
| TYPE OF | | Non-Poli | tical | | |
| EXPENDITURE | X Political | Non-Pon | licai | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of | this schedule) | (b) Description | | |
| EXPENDITURE | Office Overhead/Rental Expense | | <u> </u> | outside of Texas. Co | • |
| | | | Frames | i, 170, omeendider iivii | ing expense |
| | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name H | Office sou | ght | Office I | neld |
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 95/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 \$ 4,891.69 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/09/2023 Word of Mouth Ltd. Amount (\$) Payee address; State; Zip Code \$233.82 917 E. 12th St. Austin, TX 78703 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2023 Word of Mouth Ltd. Amount (\$) Payee address; City; State; Zip Code \$2,354.81 917 E. 12th St. Austin, TX 78703 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Senate Finance Committee Luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 96/96 Rpt: Zaffirini, Judith (The Honorable) 00020971 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,891.69 5 Date Payee name 03/31/2023 Zoom Video Communications Inc. Amount (\$) Payee address; City; State; Zip Code \$319.59 55 Almaden Blvd., 6th Floor San Jose, CA 95113 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (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 Subscription Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | ction Guide explains how to complete this form. | 1 | | ages Schedule K: /3 Rpt: 143/145 | |
|---|---|--|-----------------|------------|-------------------------------------|---------|
| 2 | FILER NAME | | 3 | Filer ID | (Ethics Commission Fi | ilers) |
| | Zaffirini, Judith (The Honorable) 00020 | | | 971 | | |
| 4 | Date 06/02/2023 | Name of person from whom amount is received Guerrero, Iris Address of person from whom amount is received; City; State; Zip Code | | | 8 Amount (\$) \$: | 387.33 |
| | | Laredo, TX 78041 | | | | |
| | | | ock if politic | cal contr | ibution returned to filer | |
| | | Travel reimbursement | ck ii politic | Jai Curili | ibution returned to mer | |
| _ | D-t- | | | | A (A) | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | 002.75 |
| | 06/20/2023 | Guerrero, Iris | | | Φ1, | 902.75 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | Laredo, TX 78041 | | | | |
| | | Purpose for which amount is received Che Travel reimbursement | eck if polition | cal contr | ibution returned to filer | |
| | | Traver reinibursement | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 01/31/2023 | Texas Community Bank | | | | \$77.33 |
| | | Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042 | | | | |
| | | Purpose for which amount is received | eck if polition | cal contr | ibution returned to filer | |
| | | Interest | | | | |
| | Date 02/28/2023 | Name of person from whom amount is received Texas Community Bank Address of person from whom amount is received; City; State; Zip Code | | | Amount (\$) | \$57.71 |
| | | Laredo, TX 78042 | | | | |
| | | Purpose for which amount is received Che | eck if polition | cal contr | ibution returned to filer | |
| | | Interest | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/31/2023 | Texas Community Bank | | | | \$64.51 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | Laredo, TX 78042 | | | | |
| | | Purpose for which amount is received Che | eck if polition | cal contr | ibution returned to filer | |
| | | Interest | - | | | |
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | 1 | | otal pages Schedule K: ch: 2/3 Rpt: 144/145 |
|---|-----------------|-----|--|-----------|-------|--|
| 2 | FILER NAME | | | 3 | | ler ID (Ethics Commission Filers) |
| | Zaffirini, Jud | ith | (The Honorable) | | 000 | 0020971 |
| 4 | Date 04/30/2023 | 6 | Name of person from whom amount is received Texas Community Bank Address of person from whom amount is received; City; State; Zip Code | | | 8 Amount (\$) \$53.73 |
| | | | Laredo, TX 78042 | | | |
| | | 7 | Purpose for which amount is received Check | if politi | cal c | contribution returned to filer |
| | | | Interest | · | | |
| | Date | Ī | Name of person from whom amount is received | | | Amount (\$) |
| | 01/12/2023 | | Zaffirini, Judith | | | \$1,064.59 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | |
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| | | | Laredo, TX 78040 | | | |
| | | | | if politi | cal c | contribution returned to filer |
| | | | Travel reimbursement | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) |
| | 01/18/2023 | ļ | Zaffirini, Judith | | | \$1,170.85 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | |
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| | | | Laredo, TX 78040 | | | |
| | | | Purpose for which amount is received Check | if politi | cal c | contribution returned to filer |
| | | | Travel reimbursement | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) |
| | 03/01/2023 | | Zaffirini, Judith | | | \$855.38 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | |
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| | | | Laredo, TX 78040 | | | |
| | | H | | if politi | cal c | contribution returned to filer |
| | | | Travel reimbursement | | | |
| | Date | _ | Name of person from whom amount is received | | | Amount (\$) |
| | 03/17/2023 | | Zaffirini, Judith | | | \$545.20 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | ••••• | |
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| | | | Laredo, TX 78040 | | | |
| | | | — | if politi | cal c | contribution returned to filer |
| | | | Travel reimbursement | | | |
| | | | | | | |

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: 3/3 Rpt: 145/145 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zaffirini, Judith (The Honorable) 00020971 5 Name of person from whom amount is received 8 Amount (\$) 05/05/2023 \$1,090.40 Zaffirini, Judith 6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040 Purpose for which amount is received Check if political contribution returned to filer Travel reimbursement