

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00087452			2 Total pages filed: 21								
3 COMMITTEE NAME RESTORE TRUST TEXAS (RTT)						<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/17/2023  Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Receipt #</td> <td style="width: 40%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>			Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount													
Date Processed														
Date Imaged														
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box  Austin, TX 78755												
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.		FIRST Caitlyn B.		MI  <hr style="border-top: 1px dotted black;"/> NICKNAME Tortorici			LAST Tortorici		SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive  Mountain Brook, AL 35223												
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 421 Office Park Drive  Mountain Brook, AL 35223												
8 CAMPAIGN TREASURER PHONE		AREA CODE (205)		PHONE NUMBER 440-2873		EXTENSION								
9 REPORT TYPE		<input type="checkbox"/> January 15			<input type="checkbox"/> 30th day before election			<input type="checkbox"/> Exceeded modified reporting limit						
		<input checked="" type="checkbox"/> July 15			<input type="checkbox"/> 8th day before election			<input type="checkbox"/> Dissolution (Attach PAC-DR)						
					<input type="checkbox"/> Runoff			<input type="checkbox"/> 10th day after campaign treasurer termination						
10 PERIOD COVERED		Month Day Year 01/01/2023		THROUGH				Month Day Year 06/30/2023						
11 ELECTION		ELECTION DATE Month Day Year			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special									

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> RESTORE TRUST TEXAS (RTT)	<b>13 Filer ID</b> (Ethics Commission Filers) 00087452
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<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder    <input type="checkbox"/> Measure	<b>CANDIDATE / OFFICEHOLDER NAME</b>  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>   <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;"><b>BALLOT IDENTIFICATION / #</b></td> <td style="width:40%; border: none;"><b>ELECTION DATE</b></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">           Month    Day    Year         </td> </tr> </table> <b>DESCRIPTION</b>	<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>		Month    Day    Year
<b>BALLOT IDENTIFICATION / #</b>	<b>ELECTION DATE</b>					
	Month    Day    Year					

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b>	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 63,432.09
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 33,045.40
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 30,386.69
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

\_\_\_\_\_  
 Mrs. Caitlyn B. Tortorici  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SPAC

<b>17 COMMITTEE NAME</b> RESTORE TRUST TEXAS (RTT)		<b>18 Filer ID</b> (Ethics Commission Filers) 00087452
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 51,325.44
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 12,106.65
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,045.40
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 04/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ASHE, VICTOR <hr/> <b>6</b> Contributor address; City; State; Zip Code  KNOXVILLE, TN 37919	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BECK, THOMAS <hr/> Contributor address; City; State; Zip Code  NASHVILLE, TN 37215	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) HEALTHCARE EXECUTIVE		Employer (See Instructions) HCA HEALTHCARE
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BLAKE, BRENT <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75230	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) CHIEF FINANCE OFFICER		Employer (See Instructions) DB SCHENKER
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BLANTON, TAYLOR <hr/> Contributor address; City; State; Zip Code  LOS FRESNOS, TX 78566	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BURKE, SUSAN <hr/> Contributor address; City; State; Zip Code  HOBE SOUND, FL 33455	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/21
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON, WILLIAM	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72207	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAPARALA, PRAVEEN	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75230	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, A JIMMY	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  PHARR, TX 78577	
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) BEBO DIST
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GASKILL, CYNTHIA	Amount of Contribution (\$) \$6.66
	Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAZITUA, LUIS ANDRE	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  MIAMI, FL 33133	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) GAZITUA LETELIER

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 03/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GEORGE P BUSH CAMPAIGN <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78755	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GEORGE P BUSH CAMPAIGN <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78755	Amount of Contribution (\$)  \$1,858.78
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GILBERT, MARY BETH <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERNANDEZ, JOHN <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78702	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) CORVUS ADVISORS
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JONES, DAVID <hr/> Contributor address; City; State; Zip Code  ST HELENA ISLAND, SC 29920	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/21
2 FILER NAME RESTORE TRUST TEXAS (RTT)		3 Filer ID (Ethics Commission Filers) 00087452
4 Date 04/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOVELACE, LAURA	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  WASHINGTON, DC 20005	
8 Principal occupation / Job title (See Instructions) ENERGY CONSULTANT		9 Employer (See Instructions) LOVELACE ENERGY ADVISORS
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MATHISEN, RICHARD	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  BETHLEHEM, PA 18017	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NOTEWARE, LAURA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NYE, EARL	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75225	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) EN CONSULTING
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ODEN, EDWIN	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78716	
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) OHT PARTNERS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PATTERSON, DAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75214	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) FINANCE		<b>9</b> Employer (See Instructions) PATTERSON THOMAS FAMILY OFFICE
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RAMIREZ, MARIO <hr/> Contributor address; City; State; Zip Code  HIGHLAND VILLAGE, TX 75077	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) FAMILY OFFICE CONSULTING		Employer (See Instructions) MRAMIREZ GROUP, LLC
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSS, RICHARD <hr/> Contributor address; City; State; Zip Code  WATCHUNG, NJ 07069	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SANGSTER, KAREN <hr/> Contributor address; City; State; Zip Code  MABANK, TX 75156	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SAYFIE, JUSTIN <hr/> Contributor address; City; State; Zip Code  MIAMI, FL 33137	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) GOVERNMENT AFFAIRS CONSULTANT		Employer (See Instructions) BALLARD PARTNERS



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMALL DYESS, MARTHA	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78703		
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) MARTHA SMALL HOMES
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAGGART, KEVIN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  EL PASO, TX 79902		
Principal occupation / Job title (See Instructions) DIGITAL LIBRARY SERVICES SPECIALIST		Employer (See Instructions) OCLC
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VINSON, SAM	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  ABILENE, TX 79605		
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WATERMAN, WENDY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  DELRAY BEACH, FL 33446		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) YANG, GUANG	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  FORT LAUDERDALE, FL 33304		
Principal occupation / Job title (See Instructions) INVESTMENTS		Employer (See Instructions) FTL INVESTMENTS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/7 Rpt: 10/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ZEIDMAN, JAY	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77027		
<b>8</b> Principal occupation / Job title (See Instructions) MANAGING PARTNER		<b>9</b> Employer (See Instructions) ALTITUDE VENTURES
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ZEIDMAN, JAY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77027		
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) ALTITUDE VENTURES
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ZEIDMAN, JAY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  HOUSTON, TX 77027		
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) ALTITUDE VENTURES

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 11/21
<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)		<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/20/2023	<b>5</b> Corporation / Labor Organization name BRAMNICK LAW	<b>7</b> Amount of contribution (\$) \$10,000.00
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  SCOTCH PLAINS, NJ 07076	
Date 04/30/2023	Corporation / Labor Organization name CLAY SIGNOR	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code  AUSTIN, TX 78703	
Date 03/22/2023	Corporation / Labor Organization name RESTORE HONOR IN TEXAS	Amount of contribution (\$) \$1,106.65
	Corporation / Labor Organization address; City; State; Zip Code  MIDDLETON, WI 53562-4659	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 12/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 04/16/2023	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$91.55	<b>7</b> Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2023	Payee name ANEDOT	
Amount (\$) \$91.55	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2023	Payee name ANEDOT	
Amount (\$) \$95.50	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/10 Rpt: 13/21	<b>2</b>	FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087452
<b>4</b>	Date 04/30/2023	<b>5</b>	Payee name ANEDOT		
<b>6</b>	Amount (\$) \$233.28	<b>7</b>	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/02/2023		Payee name ANEDOT		
	Amount (\$) \$145.97		Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/04/2023		Payee name ANEDOT		
	Amount (\$) \$0.54		Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/10 Rpt: 14/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/06/2023	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$5.16	<b>7</b> Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2023	Payee name ANEDOT	
Amount (\$) \$91.55	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2023	Payee name ANEDOT	
Amount (\$) \$36.80	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 15/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/20/2023	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$368.39	<b>7</b> Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2023	Payee name ANEDOT	
Amount (\$) \$91.55	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/26/2023	Payee name ANEDOT	
Amount (\$) \$36.80	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/10 Rpt: 16/21	<b>2</b>	FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087452
<b>4</b>	Date 05/28/2023	<b>5</b>	Payee name ANEDOT		
<b>6</b>	Amount (\$) \$3.95	<b>7</b>	Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/03/2023		Payee name ANEDOT		
	Amount (\$) \$7.60		Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/07/2023		Payee name ANEDOT		
	Amount (\$) \$182.80		Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 17/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ANEDOT	
<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code 1340 POYDRAS STREET STE 1770 NEW ORLEANS, LA 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2023	Payee name CATCH DIGITAL STRATEGY	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2023	Payee name CATCH DIGITAL STRATEGY	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 18/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 06/13/2023	<b>5</b> Payee name CATCH DIGITAL STRATEGY	
<b>6</b> Amount (\$) \$1,261.83	<b>7</b> Payee address; City; State; Zip Code 2714 WASHINGTON STREET #163 GREENVILLE, TX 75401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name CHAIN BRIDGE BANK, N.A.	
Amount (\$) \$24.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE  MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2023	Payee name CROSBY OTTENHOFF GROUP	
Amount (\$) \$3,055.00	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 19/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
<b>4</b> Date 05/17/2023	<b>5</b> Payee name CROSBY OTTENHOFF GROUP	
<b>6</b> Amount (\$) \$1,938.75	<b>7</b> Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2023	Payee name CROSBY OTTENHOFF GROUP	
Amount (\$) \$1,468.75	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE NUM 267 WASHINGTON, DC 20003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2023	Payee name HOLTZMAN VOGEL, PLLC	
Amount (\$) \$3,830.00	Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY  HAYMARKET, VA 20169	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 20/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
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<b>4</b> Date 05/15/2023	<b>5</b> Payee name HOLTZMAN VOGEL, PLLC
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<b>6</b> Amount (\$) \$3,120.00	<b>7</b> Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY  HAYMARKET, VA 20169
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/15/2023	Payee name HOLTZMAN VOGEL, PLLC
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Amount (\$) \$721.00	Payee address; City; State; Zip Code 15405 JOHN MARSHALL HIGHWAY  HAYMARKET, VA 20169
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/04/2023	Payee name PINE COVE CAPITAL, LLC
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Amount (\$) \$452.00	Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 21/21	<b>2</b> FILER NAME RESTORE TRUST TEXAS (RTT)	<b>3</b> Filer ID (Ethics Commission Filers) 00087452
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<b>4</b> Date 06/06/2023	<b>5</b> Payee name PINE COVE CAPITAL, LLC
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<b>6</b> Amount (\$) \$452.00	<b>7</b> Payee address; City; State; Zip Code 601 CONGRESS AVE STE 300 AUSTIN, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA SERVICES
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/16/2023	Payee name SENTINEL STRATEGIC ADVISORS, LLC
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Amount (\$) \$6,718.46	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2023	Payee name SENTINEL STRATEGIC ADVISORS, LLC
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Amount (\$) \$5,516.67	Payee address; City; State; Zip Code 1250 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 20036
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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