FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 124 00086103 3 COMMITTEE NAME **OFFICE USE ONLY** Beto for Texas Date Received **ELECTRONICALLY FILED** 07/14/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 302647 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Gwendolyn NAME NICKNAME LAST **SUFFIX** Pulido STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 304 Texas Avenue STREET **ADDRESS** Ste. 1503, Box 126 (Residence or Business) El Paso, TX 79901 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 302647 MAILING **ADDRESS** Austin, TX 78703 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 552-0221 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 06/30/2023 01/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/08/2022 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		15	3 Filer ID	(Ethics Con	nmission Filers)
Beto for Texas			00086103		
14 COMMITTEE PURPOSE (Attach lists on plain	X Candidate	CANDIDATE / OFFICEHOLDER NAME Robert O'Rourke			
paper to complete this report if necessary.)	I <u>=</u>	OFFICE COLICUT (see distance) (OFFICE LIFE D	(- ff : - - - - - - - -		
_	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD Governor	(officeholder)		
X SUPPORT		BALLOT IDENTIFICATION / #	FI FCTI	ON DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION II	Month	Day	Year
OPPOSE (Candidate or Measure)		ŕ			
ASSIST	Measure Measure	DESCRIPTION			
(Officeholder)					
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED	PLEDGES,	\$	\$225.00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS		\$	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$15,371.81
EXPENDITURE TOTALS					
	4. TOTAL POLITICAL EX	(PENDITURES		\$	\$203,000.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST DA	AY OF THE	\$	\$166,758.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	UNT OF ALL OUTSTANDING LOANS AS OF TH IG PERIOD	E LAST	\$	\$0.00
16 AFFIDAVIT					
10 ALLIDAVII		I swear, or affirm, under penalty of perjury and correct and includes all information re Title 15, Election Code.			
		Gwendolyı	n Pulido		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Camp		er	
Sworn to and subscribed	before me, by the said	, this	sthe		day
		n, witness my hand and seal of office.			
Signature of officer add	ministering oath Print	ted name of officer administering oath	Title of office	er administe	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 12

					3 01 124
17 CC	MMITTE	EE NAME	18 Filer ID	(Ethic	s Commission Filers)
Ве	eto for T	exas	00086103		
		E SUBTOTALS SCHEDULE		s	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,371.81
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	144,577.37
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	58,422.99
12	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	152,608.72

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 4/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 02/16/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Lagor	Dallas, TX 75248-2743	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Adlee, Shel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Katy, TX 77754 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Alexa, Joyce A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Venice, FL 34292-4178				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Alexyon, John C. Contributor address; City; State; Zip Code Riverside, RI 02915-2624			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/26/2023	Full name of contributor out-of-state PAC (ID#:_ Andres, Juan Contributor address; City; State; Zip Code Ellisburg, NY 10003)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 5/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Delin dia al a a su	Koloa, HI 96756-9655				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Arr, Audra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Kerrville, TX 78028-4601 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Asao-Wells, Michiko Irene Contributor address; City; State; Zip Code Kensington, CA 94708-1137)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Balaam, Cynthia E. Contributor address; City; State; Zip Code Columbia, SC 29204-4442)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Bell, Tina M. Contributor address; City; State; Zip Code Fredericksburg, VA 22401-5784)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 6/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 01/12/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Austin, TX 78745-5926 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	- Timoipai occa	pation / oob title (oce manuchons)	2 Employer (See Matructions			
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Floyd Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
	Principal occu	Madisonville, TX 77864-5284 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Vicki Contributor address; City; State; Zip Code Corsicana, TX 75109-0784			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Berlstein, Ted M. Contributor address; City; State; Zip Code Grand Junction, CO 81501-8131			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Binder, Margaret A. Contributor address; City; State; Zip Code White Settlement, TX 76108-6706			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 7/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.00
_	Delicalizado e e	Dallas, TX 75214-4033				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Bokram, Heather E. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	East China, MI 48054-4704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Bouldin, Joan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75216-1437 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Bouwman, John Contributor address; City; State; Zip Code Owosso, MI 48867-1801)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Bowen, Bill Contributor address; City; State; Zip Code Flint, TX 75762-9718			Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 8/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
•	Dringing Lagge	Agoura Hills, CA 91376-0865	O Employer (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/12/2023	Full name of contributor out-of-state PAC (ID#:_ Bret, Sergio Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78745-4989 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Brice, Pamela Contributor address; City; State; Zip Code Addison, TX 75001-6053)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2023	Full name of contributor out-of-state PAC (ID#:_ Bridges, Arthur Contributor address; City; State; Zip Code Dripping Springs, TX 78620-2224)		Amount of Contribution (\$)	\$42.48
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Briego, Yolanda Contributor address; City; State; Zip Code El Paso, TX 79930-4630			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 9/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Daine in all a second	Houston, TX 77008-2033				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Broyde, Jeffrey S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Highland, CA 92346-5709 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Buckman, John L. Contributor address; City; State; Zip Code Miami Beach, FL 33139-8336)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Burnham, John D. Contributor address; City; State; Zip Code Alderson, WV 24910-9707			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Buwas, Wayne Contributor address; City; State; Zip Code Corsicana, TX 75105			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 10/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_	Daine in all access	Bedford, TX 76021-4733				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Cannon, Sue Contributor address; City; State; Zip Code Madisonville, TX 77864-0387)		Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Carlson, Linda C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Wilmington, IL 60481-1756 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation 7 Job title (See Instructions)	Employer (See Instructions	<i>)</i>		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Caruthers, Patty L. Contributor address; City; State; Zip Code Clifton, TX 76634-0223)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/13/2023	Full name of contributor out-of-state PAC (ID#:_ Castrillon, Carlos Contributor address; City; State; Zip Code Sunrise, FL 33351-8745			Amount of Contribution (\$)	\$32.90
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 11/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 01/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$34.40
_	Daine in all account	Sunrise, FL 33351-8745	O Frankrije (Con lastvartina)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Castrillon, Carlos Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$64.55
	Principal occu	Sunrise, FL 33351-8745 pation / Job title (See Instructions)	Employer (See Instructions)		
	· ····o.pa. oooa			,		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Castro, Esther R. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78201-5309				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Chavez, Andrea Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Lufkin, TX 75904-6171 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Corbitt, Alan L. Contributor address; City; State; Zip Code Toledo, OH 43612-1577			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 12/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Grand Prairie, TX 75052-4830				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Curey, Kate Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu	San Antonio, TX 78212-2939 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Davis, Linda C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78758-5540 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/13/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Boston, MA 02127-1000 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Degen, Martha Bruin Contributor address; City; State; Zip Code Staunton, VA 24401-2439			Amount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 13/124	
2	FILER NAME Beto for Tex			3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Flagstaff, AZ 86001-9141				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Depp, Janice M. Contributor address; City; State; Zip Code Rochester Hills, MI 48306-4226)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Desouza, Catherine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Sandwich, MA 02563-2423 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: Diaz, David R. Contributor address; City; State; Zip Code Los Angeles, CA 90041-9515			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Dunne, Loretta Contributor address; City; State; Zip Code Philadelphia, PA 19103-4423			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 14/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 03/30/2023	 5 Full name of contributor out-of-state PAC (ID#:_Eagan, Pamela A. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		Agoura Hills, CA 91301-3631				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Ettelson, Jean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Palm City, FL 34990-6025 pation / Job title (See Instructions)	Employer (See Instructions)		
	·			_		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Eytcheson, Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78258-4181				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Fern, Nando Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	New York, NY 10080-0001 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/13/2023	Full name of contributor out-of-state PAC (ID#:_Ferna, Diego Contributor address; City; State; Zip Code Los Angeles, CA 90064-1312)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 15/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Wildwood, NJ 08260-5354				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Fill, Val Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu	Waco, TX 76707-1239 pation / Job title (See Instructions)	Employer (See Instructions)		
		,	, ,, ,			
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#: Flores, Laura S. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Mission, TX 78574-2303				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Frandlen, Joyce Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Fort Worth, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Freitag, Gilbert Contributor address; City; State; Zip Code Vista, CA 92081-9017			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 16/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$35.00
_		San Antonio, TX 78226-1334				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/18/2023	Full name of contributor out-of-state PAC (ID#:_ Garvin, Beverly Jackson Contributor address; City; State; Zip Code Plymouth, MI 48170-4950			Amount of Contribution (\$)	\$3.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Garvin, Laurie A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	New York, NY 10003-6334 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instituctions)	Employer (See instructions	,		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_ Gibson, Jeanie M. Contributor address; City; State; Zip Code Plano, TX 75093-6148)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Gipple, Gail L. Contributor address; City; State; Zip Code Murrells Inlet, SC 29576-6061)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 17/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Bedford, NY 10506-2010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Lynn E. Contributor address; City; State; Zip Code Buffalo, WY 82834-2516)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Groff, Steven D. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$65.00
	Principal occu	San Antonio, TX 78238-1545 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Hammaker, S. Ford Contributor address; City; State; Zip Code Crozet, VA 22932-3187)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Henry, Glenda Contributor address; City; State; Zip Code Cibolo, TX 78108-3447			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/31 Rpt: 18/124	
2	FILER NAME Beto for Texa	as		3	Filer ID (Ethics Commission 00086103	on Filers)
4	Date 02/10/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Hernandez, G. J. 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00
_		San Antonio, TX 78212-3645				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Heydon, Peter N. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Dringinal acqu	Ann Arbor, MI 48103-8318 pation / Job title (See Instructions)	Employer (See Instructions			
	Finance	pation / Job title (See Instructions)	Self Employed	,		
	Date 03/30/2023	Full name of contributor)		Amount of Contribution (\$)	\$500.00
		Montclair, NJ 07042-1932				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Hicks, B. F. Contributor address; City; State; Zip Code Mount Vernon, TX 75457-0985)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Hobbs, Laurie A. Contributor address; City; State; Zip Code Orlando, FL 32837-7071)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 19/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_		Seguin, TX 78155-5221				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ James, Timothy W. Contributor address; City; State; Zip Code White Plains, NY 10601-3472			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Eloise Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing oggu	Jamaica, NY 11434-5120	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Johnson, Manson Contributor address; City; State; Zip Code Houston, TX 77004-4724)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Johnson, Michael Contributor address; City; State; Zip Code Huntsville, TX 77340-7302			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 17/31 Rpt: 20/124	
2	FILER NAME Beto for Tex			3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 02/10/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
_		Huntsville, TX 77340-7302				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Kaercher, Robert M. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Venice, FL 34285-7806 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Kohlberg, Nancy Contributor address; City; State; Zip Code Armonk, NY 10504-1738			Amount of Contribution (\$)	\$5,000.00
	Principal occu Kohlberg Fo	upation / Job title (See Instructions) undation	Employer (See Instructions Self Employed)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Lindsay, Gary Contributor address; City; State; Zip Code Madisonville, TX 77864-7079			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Lindsay, Paul Contributor address; City; State; Zip Code Mt Pleasant, TX 75455			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 21/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$80.00
_	Point in all a servi	Madisonville, TX 77864-7079				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Loftin, Joan B. Contributor address; City; State; Zip Code Oceanside, CA 92056-3469			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Longoria, Ricky Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00
	Principal occu	Falfurrias, TX 78355-5239 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Lundy, Laurie Contributor address; City; State; Zip Code Fort Worth, TX 76126-5209)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/13/2023	Full name of contributor out-of-state PAC (ID#:_ Mario, Edwar Contributor address; City; State; Zip Code Kaycee, WY 82639)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 22/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Denison, TX 75020-4313 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	S Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Megoy, Jessie Contributor address; City; State; Zip Code Madisonville, TX 77864-1861			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Mesa, Henry U. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	El Paso, TX 79936-6899 pation / Job title (See Instructions)	Employer (See Instructions)		
		panon, cos uno (cos monastrono)	pie) 6. (666 illet dotte) 6	,		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Millard, James L. Contributor address; City; State; Zip Code Milwaukee, WI 53222-1900)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Milwee, Rayburn Thomas Contributor address; City; State; Zip Code Altamonte Springs, FL 32701-7632			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 23/124	
2	FILER NAME Beto for Tex			3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
		Los Angeles, CA 90049-2031				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Myers, Glenna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Oak Harbor, OH 43449-1520 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Nefels, Ramone Contributor address; City; State; Zip Code El Paso, TX 79930			Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Nelaso, Fabio Contributor address; City; State; Zip Code New York, NY 10080-0001)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/13/2023	Full name of contributor out-of-state PAC (ID#:_Nelso, Fabio Contributor address; City; State; Zip Code Kingston, NY 12401			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 24/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 02/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$3.00
_	Delicalis al access	Nemo, TX 76070-0486				
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ O'Connor, Gary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Powderly, TX 78472 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ O'Connor, Penelope Contributor address; City; State; Zip Code Cleveland, OH 44135-2324			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Ogletree, Shirley M. Contributor address; City; State; Zip Code San Marcos, TX 78666-3134			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Olson, Maxine Contributor address; City; State; Zip Code Marquette, MI 49855-9506			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 25/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 03/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Deignaignal annu	Sun City, AZ 85351-1505	O Familia var (Gan Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Oswhee, Mildred Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Pharr, TX 78577-8459 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Oxford, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:_ Parks, Tom Contributor address; City; State; Zip Code Midland, TX 79705-1806			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/26/2023	Full name of contributor out-of-state PAC (ID#:_ Pineda, Fernando Contributor address; City; State; Zip Code Liberty, NY 12754			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/31 Rpt: 26/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Reazw, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00	
_	Dringing Lagge	Richardson, TX 75080-5027	O Familia va (Can Instruction)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2023 Reyna, Adelfa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00
San Antonio, TX 78213-3909 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)		
	T morpar occu	padon, oob allo (ooc moladdions)	Employor (Goo madadana)	,		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Robertson-Lorant, Laurie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		South Dartmouth, MA 02748-3216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/12/2023	Full name of contributor out-of-state PAC (ID#:_ Roble, Sebastian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Gate City, VA 24251 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions)	,		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Elisa Contributor address; City; State; Zip Code San Antonio, TX 78232-2259)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 24/31 Rpt: 27/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 03/30/2023			7	Amount of Contribution (\$)	\$50.00
		Redlands, CA 92373-5711				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Rowles, Jon J. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
Sedona, AZ 86336-5547 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date 03/30/2023				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Saenz, Ruben Contributor address; City; State; Zip Code Riverside, CA 92504-5650)		Amount of Contribution (\$)	\$25.00
		Employer (See Instructions)			
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Salinas, Simon Contributor address; City; State; Zip Code Plano, TX 75023-6729			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 25/31 Rpt: 28/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 02/10/2023			7	Amount of Contribution (\$)	\$30.00
_	Dringing! goog	Dallas, TX 75208-2529	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Simpson, Walter F. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
Amherst, NY 14226-3528 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date Full name of contributor out-of-state PAC (ID#:) Smith, Jhons Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	New York, NY 10002-5318 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, Jolie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Employer (See Instructions)			
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_Steil, R. L. Contributor address; City; State; Zip Code Port Saint Lucie, FL 34987-2477			Amount of Contribution (\$)	\$72.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 26/31 Rpt: 29/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 03/30/2023			7	Amount of Contribution (\$)	\$15.00
_	Dringing Lagra	West Palm Beach, FL 33417-5653	O Familia var (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2023 Stevenson, Don E. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
Dallas, TX 75248-4336 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date Full name of contributor out-of-state PAC (ID#:) Stevenson, Don E. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Deinsinal assu	Dallas, TX 75248-4336	Franks var (Cas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Struve, Linda L. Contributor address; City; State; Zip Code Glen Allen, VA 23060-7279			Amount of Contribution (\$)	\$50.00
<u>_</u>		Employer (See Instructions)			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_Suare, Claudia Contributor address; City; State; Zip Code New York, NY 10080-0001			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 27/31 Rpt: 30/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 01/12/2023			7	Amount of Contribution (\$)	\$10.00
		New Marlboro, MA 01230				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Suberg, Renae L. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
Canyon Lake, TX 78133-3420 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date 02/10/2023				Amount of Contribution (\$)	\$5.00
	Principal occu	Plano, TX 75093-4654 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See manuchons)	Employer (See instructions	,		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Tardiff, Robert P. Contributor address; City; State; Zip Code Manchester, CT 06040-4528)		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)			
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas, Arlene C. Contributor address; City; State; Zip Code Elon, NC 27244-9809			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 28/31 Rpt: 31/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 01/12/2023			7	Amount of Contribution (\$)	\$20.00
		Westland, MI 48186-7361				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2023 Thomas, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
Amarillo, TX 79102-1513 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date Full name of contributor out-of-state PAC (ID#:) Thornton, Judy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Huntsville, TX 77340-2180 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Townsend, Barbara D. Contributor address; City; State; Zip Code Huntsville, TX 77340			Amount of Contribution (\$)	\$100.00
		Employer (See Instructions)			
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Ullman, Claudia M. Contributor address; City; State; Zip Code New York, NY 10028-7968)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 29/31 Rpt: 32/124	
2	FILER NAME Beto for Tex			3	Filer ID (Ethics Commissio 00086103	n Filers)
4	Date 03/30/2023			7	Amount of Contribution (\$)	\$25.00
_	Point in all a servi	Arlington, TX 76016-1666				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Villasenor, Julian O. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
Claremont, CA 91711-2608 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date O2/10/2023 Full name of contributor out-of-state PAC (ID#:) Walling, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu	Grapeland, TX 75844-0098 pation / Job title (See Instructions)	Employer (See Instructions			
	- Fillicipai occu	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Walz, S. Contributor address; City; State; Zip Code Portola Valley, CA 94028-7713)		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)			
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Ward, Samantha Contributor address; City; State; Zip Code Huntsville, TX 77340-0015)		Amount of Contribution (\$)	\$7.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 30/31 Rpt: 33/124	
2	FILER NAME Beto for Tex	as		3	Filer ID (Ethics Commission 00086103	ı Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Washington, Helen 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00	
_		Bryan, TX 77803-1063				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 03/30/2023 Welsh, Ann E. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
La Jolla, CA 92038-3095 Principal occupation / Job title (See Instructions) Employer (See Instruction)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2023 West, M. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
	Principal occu	Temple, TX 76504-5948 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/23/2023	Full name of contributor out-of-state PAC (ID#: Williams, Kenneth Contributor address; City; State; Zip Code San Antonio, TX 78220-4212			Amount of Contribution (\$)	\$42.48
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#:_ Williams, Mary Ellen Contributor address; City; State; Zip Code Charlottesvle, VA 22901-0665			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 31/31 Rpt: 34/124
as		3 Filer ID (Ethics Commission Filers) 00086103
)	7 Amount of Contribution (\$) \$25.00
Anaheim, CA 92804-4320		
pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	as 5 Full name of contributor	S Full name of contributor out-of-state PAC (ID#:) Zukowski, Walter J. G Contributor address; City; State; Zip Code Anaheim, CA 92804-4320

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 Committe

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/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: 1/30 Rpt: 35/124	Beto for Texas 00086103
4	Date	5 Payee name
	02/27/2023	AmTrust North America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,005.00	PO Box 6939
		Cleveland, OH 44101-1939
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Workers' Compensation Insurance
		Workers Compensation insurance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/23/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.75	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	02/23/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/30 Rpt: 36/124	Beto for Texas 00086103
4	Date	5 Payee name
	02/23/2023	Amalgamated Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	275 7th Ave
		New York, NY 10001-6708
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
		Ballit 1 666
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	01/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	D :	
	Date	Payee name
	01/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.42	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
\vdash	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to com			OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/30 Rpt: 37/124	Beto for Texas			00086103	
4	Date	5 Payee name		<u> </u>		
	01/26/2023	Amalgamated Bank				
6	Amount (\$) \$376.50	7 Payee address; City; State; Zip Cod 275 7th Ave New York, NY 10001-6708)			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) De:	scription		
	OF EXPENDITURE	Fees		Check if travel outs Check if Austin, TX INK FeeS		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt		Office h	eld
	Date	Payee name				
	03/24/2023	Amalgamated Bank				
	Amount (\$)	Payee address; City; State; Zip Cod				
	\$245.50	275 7th Ave				
		New York, NY 10001-6708				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		scription Check if travel outs Check if Austin, TX nk Fees		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	nt		Office h	eld
	Date	Payee name				
	03/24/2023	Amalgamated Bank				
	Amount (\$)	Payee address; City; State; Zip Cod				
	\$130.00	275 7th Ave				
		New York, NY 10001-6708				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		Scription Check if travel outs Check if Austin, TX INK FeeS		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt		Office h	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/30 Rpt: 38/124	Beto for Texas 00086103
4	Date	5 Payee name
	03/24/2023	Amalgamated Bank
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 275 7th Ave
	\$150.00	273 full Ave
		New York, NY 10001-6708
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 Bank Fees
		Ballit 666
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	275 7th Ave
		New York, NY 10001-6708
	PURPOSE	(1)
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4 · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	275 7th Ave
		N. V. I. NV 10001 0700
	PURPOSE	New York, NY 10001-6708
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fees
_	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 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	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: 5/30 Rpt: 39/124	Beto for Texas 00086103
4	Date	5 Payee name
	05/26/2023	Amalgamated Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$292.00	275 7th Ave
		New York, NY 10001-6708
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 Bank Fees
		Bunki ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	05/26/2023	Amalgamated Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	275 7th Ave
		New York, NY 10001-6708
	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 Bank Fees
		Dalik Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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: 6/30 Rpt: 40/124	Beto for Texas 00086103
4 Date	5 Payee name
06/26/2023	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$235.25	275 7th Ave
	New York, NY 10001-6708
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Banki ees
O Complete ONLY if direct	Candidata/Officeholder name Office acusts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
04/26/2023	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$150.95	275 7th Ave
	New York, NY 10001-6708
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
	Bank Fees
	Banki ees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
01/03/2023	Charter Communications
Amount (\$)	Payee address; City; State; Zip Code
\$184.32	PO Box 60074
	City Of Industry, CA 91716-0074
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Cable Services
	Cable Services
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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/Po	
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/30 Rpt: 41/12	4 Beto for Texas 00086103
4 Date	5 Payee name
01/03/2023	Charter Communications
6 Amount (\$) \$342.5	7 Payee address; City; State; Zip Code DO Box 60074 City Of Industry, CA 91716-0074
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 Cable Services
Complete ONLY if direct expenditure to benefit Complete.	
Date	Payee name
01/09/2023	CheckMark Typesetting
Amount (\$) \$66.2	Payee address; City; State; Zip Code 3 3217 N Interstate 35
	Austin, TX 78722-2203
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C	
Date	Payee name
01/03/2023	City of Denton
Amount (\$) \$1,080.0	Payee address; City; State; Zip Code 321 E Mckinney St
	Denton, TX 76201-4231
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Security
Complete <u>ONLY</u> if direct expenditure to benefit C	

SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/30 Rpt: 42/124	Beto for Texas		00086103
4	Date	5 Payee name		•
	01/27/2023	Clayton, Daniel		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$53.18	PO Box 302647		
		Austin, TX 78703-0045		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule))	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Expense		Check if Austin, TX, officeholder living expense
				Mileage Reimbursement
_	Opening the ONE V if allowed	Out lide to 10 ff and address on the 10 ff and a small		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	01/03/2023	Comcast		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$1,282.30	1701 John F Kennedy Blvd		
		Philadelphia, PA 19103-2833		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Internet Services
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	02/27/2023	Comcast		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$624.53	1701 John F Kennedy Blvd	•	
	Ψ02-4.00	Troi commit Remiedy Biva		
		Philadelphia, PA 19103-2833		
	BUBBOOF		- \	
	PURPOSE OF	, , ,) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Internet Services
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/30 Rpt: 43/124	Beto for Texas 00086103
4	Date	5 Payee name
	02/28/2023	Comcast
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$628.37	1701 John F Kennedy Blvd
		Philadelphia, PA 19103-2833
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 Internet Services
		merici services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/10/2023	Curtis, Daniel
	Amount (\$)	Payee address; City; State; Zip Code
	\$546.55	21920 96th St E
	φ540.55	21920 90th St E
		Buckley, WA 98321-9282
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Data Engineering Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Data Engineering
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/OI	
	Date	Payee name
	01/26/2023	Engage USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,507.60	880 N East St
		Unit 205
		Frederick, MD 21701-5045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Direct Mail Services
_	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 -Candidate/Officeholder/Political Committe

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	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: 10/30 Rpt:	Beto for Texas 00086103
4 Date	5 Payee name
02/27/2023	Engage USA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	880 N East St
	Unit 205
	Frederick, MD 21701-5045
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense
	Direct Mail Services
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Daylog name
04/14/2023	Payee name
	Engage USA
Amount (\$)	Payee address; City; State; Zip Code
\$7,015.80	880 N East St
	Unit 205
	Frederick, MD 21701-5045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Direct Mail Services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2023	FedEx Office
Amount (\$)	Payee address; City; State; Zip Code
\$21.29	6406 N Interstate 35
	Austin, TX 78752-4352
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Shipping
Computer ONUNCY !	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

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
OTHER (orthogonal extraory and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	Total marca Cabadula E1.	2 FILED NAME	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 11/30 Rpt:	Beto for Texas	3 Filer ID (Ethics Commission Filers) 00086103
4	Date	5 Payee name	
	01/03/2023	First Data	
6	Amount (\$) \$15.40	7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	H	TX, officeholder living expense Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/03/2023	First Data	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.95	5565 Glenridge Connector NE	
		Ste 2000	
		Atlanta, GA 30342-1651	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Cleuit Caru F	Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/03/2023	First Data	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.95	5565 Glenridge Connector NE	
		Ste 2000	
		Atlanta, GA 30342-1651	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		Credit Card F	Processing Fee
	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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/	Wages	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2			<u> </u>	3	B Filer ID	(Ethics Commission Filers)
_	Sch: 12/30 Rpt:	 	Beto for Texas			ا	00086103	(Lance Commission Filers)
4	Date	5	Payee name			<u> </u>		
	04/03/2023		First Data					
6	Amount (\$) \$9.95	7	Payee address; City; 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	State; Zip C	ode			
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees			<u> </u>	tside of Texas. Com	
	LA LIDITUIL						X, officeholder living	
						Credit Card Pro	ocessing Fee	
L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught		Office he	eld
	Date		Payee name					
	05/03/2023		First Data					
	Amount (\$)	T	Payee address; City;	State; Zip C	ode			
	\$9.95		5565 Glenridge Connector NE					
			Ste 2000					
			Atlanta, GA 30342-1651					
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		
	EXPENDITURE		Fees			□	tside of Texas. Com X, officeholder living	
						Credit Card Pro		
						J. Gait Gaid i It	- 3000mig i 00	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	l ught		Office he	eld
	Date		Payee name					
	03/08/2023		Four Rivers Strategies					
	Amount (\$)	T	Payee address; City;	State; Zip C	ode			
	\$133.16		2101 Autumn Trl	•				
L		L	Garland, TX 75040-8937					
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Consulting Expense				tside of Texas. Com	
						ш	X, officeholder living	
						Reissue of Sta	ie-Daled 12/8	nzz Paymem
	Complete ONLY if direct	Ц	andidate/Officeholder name	Office so	liaht		Office he	ald
	expenditure to benefit C/O		andidate/Onicendidel Hattle	Office S0	ugiit		Office He	iu –

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list Committee										
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	П
	Sch: 13/30 Rpt:	Beto for Tex	as					00086103		
4	Date	5 Payee name								
	01/23/2023	Illinois Depa	rtment of Revenue							
6	Amount (\$) \$313.00	7 Payee addres PO Box 190 Springfield, I		State; Zip Co	ode					
8	PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Sales Tax				_		de of Texas. Comp officeholder living		
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Offic	eholder name	Office sou	ught			Office he	eld	
	Date	Payee name								_
	03/08/2023	Inkstone Ana	alytics							
	Amount (\$)	Payee addres	s; City;	State; Zip Co	ode					
	\$29,400.00	154 Cedar S	t							
		Somerville, N	ИА 02144-2665							
	PURPOSE OF	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Polling Expe	nse					de of Texas. Com		
						_		officeholder living		
						Reissue of Si	laie	:-Daled 11/1	7/22 Payment	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	03/08/2023	Jackson, Ca	meron							
	Amount (\$) \$275.00	Payee addres PO Box 302		State; Zip Co	ode					
	Ψ213.00	FO BOX 3020	J41							
		Austin, TX 7	8703-0045							
	PURPOSE OF		e Categories listed at the top		(b)	Description				
	EXPENDITURE		on Equipment & Re	elated				de of Texas. Comp		
		Expense				Reissue of St		officeholder living		
						Reimburseme			-z wiiicayc	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ight			Office he	eld	
	ponditare to benefit 6/01	-								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	03/20/2023	MoneyWise Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$267.00	PO Box 3477
		Omaha, NE 68103-0477
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 Health Insurance
		ricalui ilisurance
_	Operation ONLY if all parts	On did to 10 ff as hald a grant Off as a south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	01/26/2023	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$34,645.00	PO Box 392264
		Pittsburgh, PA 15251-9264
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software Subscription
		Software Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/13/2023	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,657.50	PO Box 392264
		Pittsburgh, PA 15251-9264
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Software Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 15/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	01/26/2023	New York State Insurance Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.68	PO Box 66699
		Albany, NY 12206-6699
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
		Disability Insurance
_	Opening the ONE Wife Street	Open Hights (Office Includes a constant of the
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	New York State Insurance Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,078.94	PO Box 66699
		Albany, NY 12206-6699
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense
		Workers Compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	04/14/2023	New York State Insurance Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.26	PO Box 66699
		Albany, NY 12206-6699
	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 Disability Insurance
		Disability insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	U

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	01/03/2023	Paragon Payment Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.75	3901 Centerview Dr
		Ste W
		Chantilly, VA 20151-3229
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 Credit Card Processing Fee
		Credit Card Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/02/2023	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.75	3901 Centerview Dr
		Ste W
		Chantilly, VA 20151-3229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
	Commission ONII V if dispost	Candidate/Officeholder page
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Davies name
	03/02/2023	Payee name Paragon Payment Solutions
	Amount (\$) \$94.50	Payee address; City; State; Zip Code 3901 Centerview Dr
	Ф94.50	
		Ste W
		Chantilly, VA 20151-3229
	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
		Credit Card Processing Fee
		5.5a.k 5a.a
	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 -

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		
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	s)
	Sch: 17/30 Rpt:	Beto for Texas 00086103	
4	Date	5 Payee name	
	04/03/2023	Paragon Payment Solutions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.00	3901 Centerview Dr	
		Ste W	
		Chantilly, VA 20151-3229	
_	PURPOSE	·	
8	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit Card Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	05/02/2023	Paragon Payment Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.75	3901 Centerview Dr	
	,	Ste W	
		Chantilly, VA 20151-3229	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Credit Card Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/02/2023	Paragon Payment Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.50	3901 Centerview Dr	
		Ste W	
		Chantilly, VA 20151-3229	
	PURPOSE	·	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit Card Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-		Beto for Texas 00086103	
	Sch: 18/30 Rpt:	DEIO IOI 16Y92	
4	Date	5 Payee name	
	03/10/2023	Payroll Data Processing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$25.00	4224 Henderson Blvd	
	+25.00		
		T	
		Tampa, FL 33629-5611	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		Payroll Fee	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	_
	01/24/2023	Payroll Data Processing	
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code	_
	• •		
	\$3,992.46	4224 Henderson Blvd	
		Tampa, FL 33629-5611	
	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	
		Payroll Fee	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	_
	01/27/2023	Pizza Hut	
<u> </u>			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.12	3208 SE Loop 820	
		Forest Hill, TX 76140-1107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meals	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
_	Sch: 19/30 Rpt:	Beto for Texas 00086103	513)
4	Date	5 Payee name	
	01/04/2023	Reach Progress PBC	
6	Amount (\$) \$5,580.00	7 Payee address; City; State; Zip Code 228 Park Ave S	
		New York, NY 10003-1502	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising Consulting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/27/2023	Sandler Reiff Lamb Rosenstein & Birkenstock PC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,175.00	1090 Vermont Ave NW	
		Ste 750	
		Washington, DC 20005-4970	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Legal Services	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/28/2023	Sandler Reiff Lamb Rosenstein & Birkenstock PC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$297.50	1090 Vermont Ave NW	
		Ste 750	
		Washington, DC 20005-4970	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Legal Services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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 Credit Card Payment	/ - ıl Cor	nmittee	Legal Serv		·		Vages	se s/Contract Labor ete this form.		Travel Ou OTHER (strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission File	ers)
	Sch: 20/30 Rpt:	_	Beto for Tex								00086		(
4	Date	5	Payee name											
	05/26/2023		Sandler Rei											
6	Amount (\$) \$680.00	7	Payee addres		City; NW	State	e; Zip Co	de						
	4000.00		Ste 750											
			Washington	חר אנ	1005-407	n								
_	DUDDOCE	⊢						<i>(h.</i>)	D- 11					
8	PURPOSE OF		Category (Se		ies listed at th	e top of this sch	hedule)	(a)	Description Check if travel	Ulite.	de of Tarre	s Co	plete Schedule T.	
	EXPENDITURE		Legal Servi	ces				1	Check if travel				•	
									Legal Service		,	.2		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholde	r name	(Office sou	ght			Off	ice he	eld	
	Date	Γ	Payee name							_				
	03/10/2023		Shields, Joe	è										
	Amount (\$)	\vdash	Payee addres	ss; (City;	State	e; Zip Co	de						
	\$1,000.00		16822 Stard				-							
	,													
		_	Friendswoo											
	PURPOSE OF		Category (Se		ies listed at th	e top of this sch	hedule)	(b)	Description	0	do = = =		aloto Cobodida T	
	EXPENDITURE		Legal Settle	ment					Check if travel Check if Austin				plete Schedule T. ı expense	
									Legal Settlen			vly	,	
									J.: _ J					
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholde	r name	(Office sou	ght			Off	ice he	pld	
	Date	Γ	Payee name											
	02/27/2023		Spectrum											
	Amount (\$)	\vdash	Payee addres	ss; (City;	State	e; Zip Co	de						
	\$122.53		1949 Daws				,							
	,		23											
		_	Wilmington,	NC 28	403-2330)								
	PURPOSE OF	(a)	Category (Se				hedule)	(b)	Description	_	-		-	
	EXPENDITURE		Office Overl	head/R	ental Exp	ense			Check if travel Check if Austin				plete Schedule T.	
									Internet Servi			∠. πvIIIg	, saponoc	
									OCI V	٠.				
	Complete ONLY if direct	<u></u>	Candidate/Offi	ceholder	r name		Office sou	ght		—	Off	ice he	ıld	
	expenditure to benefit C/Oh					·	-5 550	J			511			
_														

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	02/27/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$344.67	1949 Dawson St
		Wilmington, NC 28403-2330
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 Internet Services
		internet Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/14/2023	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 12070
		Austin, TX 78711-2070
	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
		Filing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/08/2023	Timashenka, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.23	PO Box 302647
		Austin, TX 78703-0045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Reissue of Stale-Dated 8/31/22 Campaign Staff
		Salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/30 Rpt:	Beto for Texas		00086103
4	Date	5 Payee name		<u> </u>
	01/09/2023	Twilio Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$17,971.13	375 Beale St		
		San Francisco, CA 94105-2066		
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.
				Check if Austin, TX, officeholder living expense Texting Services
				rexaing dervices
9	Complete ONLY if direct	Candidate/Officeholder name Office s	<u> </u>	Office held
	expenditure to benefit C/OI		· 9 · · ·	
-	Date	Payee name		
	03/14/2023	United Healthcare		
-	Amount (\$)	Payee address; City; State; Zip	Code	
	\$3,095.40	PO Box 94017		
		Palatine, IL 60094-4017		
	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.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Health Insurance
-	Complete ONLY if direct	Candidate/Officeholder name Office s	onapt	Office held
	expenditure to benefit C/OI		oug	Cco
-	Date	Payee name		
	02/02/2023	United States Post Office (USPS)		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$16.10	8401 Boeing Dr		
		_		
		El Paso, TX 79997-0002		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Postage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office s	Ollapt	Office held
	expenditure to benefit C/OI		ougni	Office field
-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/30 Rpt:	Beto for Texas	00086103
4	Date	5 Payee name	·
	02/09/2023	United States Post Office (USPS)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Postage
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		0"
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	02/23/2023	United States Post Office (USPS)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
	PURPOSE OF	,	Description
	EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Postage
			Ç
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/08/2023	United States Post Office (USPS)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		•	
		El Paso, TX 79997-0002	
	PURPOSE		Description
	OF	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 p	Check if Austin, TX, officeholder living expense
			Postage
L	0 1, 2, 2, 2, 2, 2		200
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commis	ssion Filers)
	Sch: 24/30 Rpt:	Beto for Texas 00086103	
4	Date	5 Payee name	
	03/15/2023	United States Post Office (USPS)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Postage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	03/22/2023	United States Post Office (USPS)	
	Amount (\$) \$16.10		
	Ψ10.10	8401 Boeing Di	
		El Paso, TX 79997-0002	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Postage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	HC	
	Date	Payee name	
	01/26/2023	United States Post Office (USPS)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Postage	
		1 ostage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense 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: 25/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	01/20/2023	United States Post Office (USPS)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	8401 Boeing Dr
		El Paso, TX 79997-0002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Postage
		1 Ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	5 .	
	Date	Payee name
	01/12/2023	United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	8401 Boeing Dr
		El Paso, TX 79997-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Postage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/29/2023	Payee name
		United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.10	8401 Boeing Dr
		El Paso, TX 79997-0002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Postage
		1 Ostage
_	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 E Candidate/Officeholder/Politic 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 26/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	04/05/2023	United States Post Office (USPS)
6	Amount (\$) \$16.10	7 Payee address; City; State; Zip Code 8401 Boeing Dr El Paso, TX 79997-0002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	l ————————————————————————————————————
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2023	United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.10	8401 Boeing Dr
	DUDDOG	El Paso, TX 79997-0002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/19/2023	United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.10	8401 Boeing Dr
		El Paso, TX 79997-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
	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/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: 27/30 Rpt:	Beto for Texas	00086103
4	Date	5 Payee name	
	04/26/2023	United States Post Office (USPS)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.05	8401 Boeing Dr	
		El Paso, TX 79997-0002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Charlet it to be a compared to the compared	outside of Texas. Complete Schedule T.
	EXPENDITURE	Collectation in analysing Expense	n, TX, officeholder living expense
		Postage	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitire to benefit C/Oi	1	
	Date	Payee name	
	05/03/2023	United States Post Office (USPS)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation// undraising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Postage	- '
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/10/2023	United States Post Office (USPS)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(5
	EXPENDITURE	Solicitation// undraising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Postage	3 7
	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
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)

	Credit Card Payment		The Instruction Gu	uide explains how to co	mplete t	his form.		
1	Total pages Schedule F1:	2 FIL	ER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 28/30 Rpt:	Ве	to for Texas				00086103	
4	Date	5 Pa	yee name			<u> </u>		
	05/17/2023	Un	ited States Post Office (U	JSPS)				
6	Amount (\$)	7 Pa	yee address; City;	State; Zip Co	ode			
	\$16.10	84	01 Boeing Dr					
		El	Paso, TX 79997-0002					
8	PURPOSE	(a) Ca	tegory (See Categories listed at th	ne top of this schedule)	(b) De	scription		
	OF EXPENDITURE	So	licitation/Fundraising Exp	ense		Check if travel outsid		
						Check if Austin, TX, stage	officeholder living	expense
					'	siage		
9	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	laht Iaht		Office he	ld
	expenditure to benefit C/O			255	.9		0000	
_	Date	Pa	yee name					
	05/25/2023		nited States Post Office (L	JSPS)				
_	Amount (\$)		yee address; City;	State; Zip Co	nde			
	\$8.05		01 Boeing Dr	State, Zip St	, u c			
	40.00	0.	or boomy by					
		FI	Paso, TX 79997-0002					
	PURPOSE				(b) D-			
	OF		tegory (See Categories listed at the licitation/Fundraising Exp			scription Check if travel outside	le of Texas. Comp	olete Schedule T.
	EXPENDITURE	30	micitation/Pundraising Exp	Jense		Check if Austin, TX,		
					Po	stage		
	Complete ONLY if direct		didate/Officeholder name	Office sou	ıght		Office he	ld
	expenditure to benefit C/OI	1						
	Date	Pa	yee name					
	06/01/2023	Un	ited States Post Office (L	JSPS)				
	Amount (\$)	Pa	yee address; City;	State; Zip Co	ode			
	\$8.05	84	01 Boeing Dr					
		El	Paso, TX 79997-0002					
	PURPOSE	(a) Ca	tegory (See Categories listed at th	ne top of this schedule)	(b) De	scription		
	OF EXPENDITURE	So	licitation/Fundraising Exp	ense		Check if travel outsic		
						Check if Austin, TX,	officeholder living	expense
						stage		
	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	ıaht		Office he	ıld
	expenditure to benefit C/O		didate/Onicendidel Hairle	Office Soc	ıgııı		Office He	iu

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/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: 29/30 Rpt:	Beto for Texas 00086103
4	Date	5 Payee name
	06/07/2023	United States Post Office (USPS)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.05	8401 Boeing Dr
		El Paso, TX 79997-0002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Postage
_	0 1 0 0 1 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/15/2023	United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.05	8401 Boeing Dr
		El Paso, TX 79997-0002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
		1 ostage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso nama
	06/22/2023	Payee name United States Post Office (USPS)
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.05	8401 Boeing Dr
	Ψ0.03	0401 Bucking Di
		EL Pago TV 70007 0002
		El Paso, TX 79997-0002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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	omplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/30 Rpt:	Beto for Texas	00086103
4	Date	5 Payee name	
	06/28/2023	United States Post Office (USPS)	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$16.10	8401 Boeing Dr	
		El Paso, TX 79997-0002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Postage
			1 ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
"	expenditure to benefit C/O		agrit Office field
L	D :		
	Date	Payee name	
	03/08/2023	Watson, Demaunle	
	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$200.00	3115 Pine Ave	
		Waco, TX 76708-3247	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Reissue of Stale-Dated 8/8/22 Payment
			Reissue of State-Dateu 6/6/22 Payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
	expenditure to benefit C/O		ight Office 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		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	The Instruction Guide explai	ins how to complete this form.					
1 Total pages Schedule F4: Sch: 1/55 Rpt: 65/124	2 FILER NAME Beto for Texas		3 Filer ID (Ethics Commission Filers) 00086103				
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED 1	TO A CREDIT CARD	\$ 201.06				
5 Date 03/16/2023	6 Payee name Adobe						
7 Amount (\$) \$84.98							
	San Jose, CA 95110-2704						
9 TYPE OF EXPENDITURE	X Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bscription				
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held				
Date	Payee name						
03/16/2023	Adobe						
Amount (\$) \$20.67	Payee address; City; Sta 345 Park Ave	ate; Zip Code					
	San Jose, CA 95110-2704						
TYPE OF EXPENDITURE	X Political	Non-Political					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bscription				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held				

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Over Polling Exp se Printing Exp Salaries/Wa	oense ages/Contract Labor	Transportation E Travel in District Travel Out of Di	
1 Total pages Schedule F4:				3 Filer ID	(Ethics Commission Filers)
Sch: 2/55 Rpt: 66/124	Beto for Texas			00086103	(
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREI	DIT CARD	\$	201.06
5 Date 03/16/2023	6 Payee name Adobe				
7 Amount (\$) \$267.11	8 Payee address; City; 345 Park Ave	State; Zip Coo	le		
	San Jose, CA 95110-2704				
9 TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)	—	outside of Texas. Con n, TX, officeholder livin OSCription	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office soug	ht	Office h	eld
Date	Payee name				
03/16/2023	Adobe				
Amount (\$) \$276.01	Payee address; City; 345 Park Ave San Jose, CA 95110-2704	State; Zip Coo	de		
TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)		outside of Texas. Con n, TX, officeholder living OSCRIPTION	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office soug	ht	Office h	eld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y -	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Tra Tra Tra	ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)
		The Instruction Guide expl	ains how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER NAME				3 Fil	ler ID (Ethics Commission Filers)
Sch: 3/55 Rpt: 67/124	Beto for Tex	as			00	0086103
4 TOTAL OF UNITEMI.	ZED EXPENDI	TURES CHARGED	TO A CRE	DIT CARD	\$	201.06
5 Date	6 Payee name					
03/06/2023	Adobe					
7 Amount (\$) \$84.98	8 Payee addres 345 Park Av		state; Zip Co	ode		
	San Jose, C	A 95110-2704				
9 TYPE OF EXPENDITURE	X F	Political	Non-Pol	itical		
10 PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b) Description		
OF EXPENDITURE	Software Su	bscription		I <u>–</u>	n, TX, offi	of Texas. Complete Schedule T. iceholder living expense tion
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	ıght		Office held
Date	Payee name					
03/06/2023	Adobe					
Amount (\$)	Payee addres	s; City; S	state; Zip Co	ode		
\$64.31	345 Park Av	e				
	San Jose, C	A 95110-2704				
TYPE OF EXPENDITURE	XF	Political	Non-Pol	itical		
PURPOSE OF	(a) Category (See	e Categories listed at the top of th	is schedule)	(b) Description		
EXPENDITURE	Software Su	bscription		I <u>–</u>		of Texas. Complete Schedule T. iceholder living expense
				Software Su		÷ '
				Conware ou	озопр	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	<u>l</u> ıght		Office held

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ove	ayment/Reimbursement erhead/Rental Expense	Transportation	ndraising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Gift/Awards/Memorials Expens I Committee Legal Services			Travel in Distric Travel Out of D	
Canadate/Onicenside// Citate	The Instruction Guide ex			OTTIET (CITE)	a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 4/55 Rpt: 68/124	Beto for Texas			00086103	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CRE	DIT CARD	\$	201.06
5 Date 01/23/2023	6 Payee name Adobe			•	
7 Amount (\$) \$16.23	8 Payee address; City; 345 Park Ave	State; Zip Co	de		
	San Jose, CA 95110-2704				
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule)	ш	outside of Texas. Coi n, TX, officeholder livin OSCRIPTION	•
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sou	ght	Office h	neld
Date	Payee name				
03/16/2023	Airtable				
Amount (\$) \$1,918.80	Payee address; City; 799 Market St Fl 8 San Francisco, CA 94103-2044	State; Zip Co	de		
TYPE OF EXPENDITURE	X Political	Non-Pol	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule)	ш	outside of Texas. Coi n, TX, officeholder livir DSCription	•
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office h	neld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Office Overhei Polling Expens		Transportation I Travel in Distric	
Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Services The Instruction Guide ex	Salaries/Wage	es/Contract Labor	Travel Out of Di OTHER (enter a	a category not listed above)
1 Total pages Schedule F4:		The state of the s		3 Filer ID	(Ethics Commission Filers)
Sch: 5/55 Rpt: 69/124	Beto for Texas			00086103	(Luncs Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDI	T CARD	\$	201.06
5 Date 03/16/2023	6 Payee name Airtable				
7 Amount (\$) \$1,918.80	8 Payee address; City; 799 Market St Fl 8 San Francisco, CA 94103-2044	State; Zip Code			
9 TYPE OF EXPENDITURE	X Political	Non-Politica	d		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule) (b)	<u> </u>	outside of Texas. Con , TX, officeholder livin DSCription	
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought		Office h	eld
Date	Payee name				
03/16/2023	Airtable				
Amount (\$) \$1,999.76	Payee address; City; 799 Market St FI 8 San Francisco, CA 94103-2044	State; Zip Code			
TYPE OF EXPENDITURE	X Political	Non-Politica	d		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule) (b)	\Box	outside of Texas. Con , TX, officeholder livin DSCription	•
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office h	eld

SCHEDULE F4

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	I Committee Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)
Sch: 6/55 Rpt: 70/124	Beto for Texas	00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 201.06
5 Date 03/16/2023	6 Payee name Amazon	
7 Amount (\$) \$240.67	8 Payee address; City; State; Zip Code 410 Terry Ave N	
	Seattle, WA 98109-5210	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/23/2023	Amazon	
Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Amazon Way Seattle, WA 98109	
TYPE OF		
EXPENDITURE	X Political Non-Political	
PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental E.	xpense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense /- Gift/wards/Memorials Expense Printing Expense /- Committee Printing Expense	Travel in District Travel Out of District
Candidate/Officeriolder/Politica	Il Committee Legal Services Salaries/Wages/Contract l The Instruction Guide explains how to complete this fo	
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/55 Rpt: 71/124	Beto for Texas	00086103
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARI	\$ 201.06
5 Date	6 Payee name	
01/23/2023	Amazon	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$16.23	1 Amazon Way	
	Seattle, WA 98109	
9 TYPE OF		
EXPENDITURE	X Political Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overficad/Nertial Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
	I	Supplies
		•
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/16/2023	American Express	
Amount (\$)	Payee address; City; State; Zip Code	
\$160.11	200 Vesey St	
	New York, NY 10285-1000	
TYPE OF EXPENDITURE	X Political Non-Political	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
EXPENDITURE	1663	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
	Credit	Card Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica	I Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
Sch: 8/55 Rpt: 72/124	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 201.06
5 Date 03/16/2023	6 Payee name American Express		
7 Amount (\$) \$118.33	8 Payee address; City; State 200 Vesey St	e; Zip Code	
	New York, NY 10285-1000		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Fees	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Gee
11 Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
03/16/2023	American Express		
Amount (\$) \$39.00	200 Vesey St	e; Zip Code	
	New York, NY 10285-1000		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Fees	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ree
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			
	· · · · · · · · · · · · · · · · · · ·	ains how to complete this form.			
1 Total pages Schedule F4: Sch: 9/55 Rpt: 73/124	2 FILER NAME Beto for Texas		3 Filer ID (Ethics Commission Filers) 00086103		
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 201.06		
5 Date 03/16/2023	6 Payee name American Express				
7 Amount (\$) \$300.78	8 Payee address; City; S 200 Vesey St New York, NY 10285-1000	State; Zip Code			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10 PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.				
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held		
Date	Payee name				
03/16/2023	American Express				
Amount (\$) \$39.00	Payee address; City; S 200 Vesey St New York, NY 10285-1000	State; Zip Code			
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Fees	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held		

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense	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	I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)
Sch: 10/55 Rpt:	Beto for Texas	00086103
4	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 201.06
5 Date	6 Payee name	
03/16/2023	American Express	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$39.00	200 Vesey St	
	New York, NY 10285-1000	
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	1 1 003	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Credit Card	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/23/2023	American Express	
Amount (\$)	Payee address; City; State; Zip Code	
\$39.00	200 Vesey St	
	New York, NY 10285-1000	
TYPE OF EXPENDITURE	X Political Non-Political	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1003	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Credit Card	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Ī		

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Over	/ment/Reimbursement head/Rental Expense	Transportation E	draising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp		Travel in District Travel Out of Dis	
Candidate/Officeriolder/Politica	The Instruction Guide expl			OTHER (eillei a	category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 11/55 Rpt:	Beto for Texas			00086103	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREI	DIT CARD	\$	201.06
5 Date 03/06/2023	6 Payee name CORT Furniture Outlet				
7 Amount (\$) \$546.71	13946 Lee Jackson Memorial Hwy	State; Zip Cod	le		
	Chantilly, VA 20151-3202				
9 TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Office Overhead/Rental Expense	is schedule)	ш	outside of Texas. Com n, TX, officeholder living CS	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name -I	Office soug	ht	Office he	əld
Date	Payee name				
03/16/2023	Canva				
Amount (\$) \$12.99	Payee address; City; S 200 E 6th St Austin, TX 78701-3696	State; Zip Cod	le		
TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Software Subscription	iis schedule)	<u> </u>	outside of Texas. Com n, TX, officeholder living OSCription	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	ht	Office he	əld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awa	verage Expense rds/Memorials Expense rvices	Polling Exper Printing Expe		Travel in D Travel Out	
	The Ins	struction Guide explains	s how to comp	lete this form.		
1 Total pages Schedule F4: Sch: 12/55 Rpt:	2 FILER NAME Beto for Texas				3 Filer ID 000861	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ		ES CHARGED TO) A CREDI	T CARD	\$	201.06
5 Date	6 Payee name					
03/16/2023	Canva					
7 Amount (\$) \$12.99	8 Payee address;200 E 6th St	City; State	e; Zip Code			
	Austin, TX 78701-	3696				
9 TYPE OF EXPENDITURE	X Politica		Non-Politic	al		
10 PURPOSE	(a) Category (See Category	ries listed at the top of this sc	chedule) (b) Description		
OF EXPENDITURE	Software Subscrip	tion		<u> </u>	ı, TX, officeholdei	. Complete Schedule T. r living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	er name	Office sough	t	Offic	ce held
Date	Payee name					
03/16/2023	Canva					
Amount (\$) \$40.99	Payee address; 200 E 6th St	City; State	e; Zip Code			
	Austin, TX 78701-	3696				
TYPE OF EXPENDITURE	X Politica		Non-Politic	al		
PURPOSE OF EXPENDITURE	(a) Category (See Category Software Subscrip		chedule) (b	<u> </u>	ı, TX, officeholdei	. Complete Schedule T. living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde	er name	Office sough	t	Offic	ce held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide ex	plains how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
Sch: 13/55 Rpt:	Beto for Te	exas				00086103
4 TOTAL OF UNITEMIZ	ZED EXPENI	DITURES CHARGEI	O TO A CRE	DIT CARD	\$	201.06
5 Date	6 Payee name	e				
03/06/2023	Canva					
7 Amount (\$) \$40.99	8 Payee address 200 E 6th	•	State; Zip Co	de		
	Austin, TX	78701-3696				
9 TYPE OF EXPENDITURE	X	Political	Non-Pol	tical		
10 PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
OF EXPENDITURE	Software S	Subscription			n, TX,	de of Texas. Complete Schedule T. officeholder living expense iption
11 Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held
Date	Payee name	9				
03/06/2023	Canva					
Amount (\$) \$40.99	Payee addre 200 E 6th	•	State; Zip Co	ode		
	Austin, TX	78701-3696				
		Political	Non-Pol	tical		
TYPE OF EXPENDITURE	X					
EXPENDITURE PURPOSE		See Categories listed at the top of	this schedule)	(b) Description		
EXPENDITURE	(a) Category		this schedule)	Check if travel		de of Texas. Complete Schedule T.
EXPENDITURE PURPOSE OF	(a) Category	See Categories listed at the top of	this schedule)	Check if travel Check if Austin	n, TX,	officeholder living expense
EXPENDITURE PURPOSE OF	(a) Category	See Categories listed at the top of	this schedule)	Check if travel	n, TX,	officeholder living expense
EXPENDITURE PURPOSE OF	(a) Category (c) Software S	See Categories listed at the top of	this schedule) Office sou	Check if travel Check if Austin	n, TX,	officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (c) Software S	See Categories listed at the top of Subscription		Check if travel Check if Austin	n, TX,	officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (c) Software S	See Categories listed at the top of Subscription		Check if travel Check if Austin	n, TX,	officeholder living expense

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense		ayment/Reimbursement erhead/Rental Expense		draising Expense Equipment & Related Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Awards/Memorials Expense 	Printing Ex		Travel Out of Dis	
	The Instruction Guide exp			(, , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 14/55 Rpt:	Beto for Texas			00086103	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	201.06
5 Date 03/16/2023	6 Payee name Comcast				
7 Amount (\$) \$640.88	1701 John F Kennedy Blvd	State; Zip Co	de		
2 TVDE 05	Philadelphia, PA 19103-2833				
9 TYPE OF EXPENDITURE	x Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Office Overhead/Rental Expense	his schedule)	<u> </u>	outside of Texas. Com n, TX, officeholder living ICES	•
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sou	ght	Office he	eld
Date	Payee name				
03/06/2023	Comcast				
Amount (\$) \$622.86	Payee address; City; S 1701 John F Kennedy Blvd Philadelphia, PA 19103-2833	State; Zip Co	de		
TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Office Overhead/Rental Expense	his schedule)	<u> </u>	outside of Texas. Com n, TX, officeholder living ices	•
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sou	ght	Office he	eld

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: 15/55 Rpt: Beto for Texas 00086103 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/06/2023 Comcast Amount (\$) Payee address; City; State; Zip Code \$1,255.77 1701 John F Kennedy Blvd Philadelphia, PA 19103-2833 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 Internet Services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/16/2023 Cook Political Report Amount (\$) Payee address; City; State; Zip Code \$35.00 2311 Wilson Blvd Arlington, VA 22201-5436 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. Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription

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: 16/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 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 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: 17/55 Rpt: Beto for Texas 00086103 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/23/2023 **Dallas Morning News** Amount (\$) Payee address; State; Zip Code City; \$17.29 1954 Commerce St Dallas, TX 75201-5205 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. Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription 11 Complete ONLY if direct 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: 18/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/16/2023 Docusign Amount (\$) Payee address; City; State; Zip Code \$143.91 221 Main St Ste 1550 San Francisco, CA 94105-1947 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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/06/2023 Docusign Amount (\$) Payee address; City; State; Zip Code \$143.91 221 Main St Ste 1550 San Francisco, CA 94105-1947 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. Software Subscription **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 sought

Software Subscription

Office held

Version V3.5.1.a18ea2ca

1	Total pages Schedule F4: Sch: 19/55 Rpt:	2 FILER NAME Beto for Texas			3 Filer ID 00086103	(Ethics Commission Filers)
4	•	ZED EXPENDITURES CHARGE	D TO A CREI	DIT CARD	\$	201.06
5	Date 03/06/2023	6 Payee name Docusign			1	
7	Amount (\$) \$143.91	8 Payee address; City; 221 Main St Ste 1550 San Francisco, CA 94105-1947	State; Zip Coo	de		
9	TYPE OF EXPENDITURE	X Political	Non-Polit	ical		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Software Subscription	f this schedule)		outside of Texas. Cor n, TX, officeholder livin bscription	
11	L Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office h	eld
	Date 01/23/2023	Payee name Docusign				
	Amount (\$) \$508.80	Payee address; City; 221 Main St Ste 1550 San Francisco, CA 94105-1947	State; Zip Co	de		
	TYPE OF EXPENDITURE	X Political	Non-Polit	ical		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Software Subscription	f this schedule)		outside of Texas. Cor n, TX, officeholder livin bscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	pht	Office h	eld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbur Office Overhead/Rental Ex Polling Expense se Printing Expense Salaries/Wages/Contract L xplains how to complete this fo	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 20/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT CARE	\$ 201.06
5 Date 01/23/2023	6 Payee name Expensify		•
7 Amount (\$) \$2,404.08	8 Payee address; City; 88 Kearny St	State; Zip Code	
	San Francisco, CA 94108-5530		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	Chec	ion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense re Subscription
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date 01/23/2023	Payee name Expensify		
Amount (\$) \$2,098.80	Payee address; City; 88 Kearny St San Francisco, CA 94108-5530	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Software Subscription	Chec	ion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense re Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE **F4**

Accounting Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4: Sch: 21/55 Rpt:	2 FILER NAME Beto for Texas		3 Filer ID (Ethics Commission Filers) 00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 201.06
5 Date 01/23/2023	6 Payee name Expensify		1
7 Amount (\$) \$190.80	8 Payee address; City; Sta 88 Kearny St	ate; Zip Code	
9 TYPE OF	San Francisco, CA 94108-5530	_	
EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ubscription
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
Date 03/16/2023	Payee name Frame.io		
Amount (\$) \$410.62	Payee address; City; Sta 22 Cortlandt St Fl 31 New York, NY 10007-3142	ate; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Ibscription
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 **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: 22/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/16/2023 Frame.io Amount (\$) Payee address; City; State; Zip Code \$569.24 22 Cortlandt St FI 31 New York, NY 10007-3142 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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/23/2023 Gannett Amount (\$) Payee address; City; State; Zip Code \$11.65 7950 Jones Branch Dr Mc Lean, VA 22107-0002 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Forms provided by Texas Ethics Commission

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Subscription

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Subscription

Office sought

SCHEDULE F4

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	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District
Candidate/Officeholder/Politica	S .	Salaries/Wages/Contract Labor ins how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 23/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	ГО A CREDIT CARD	\$ 201.06
5 Date 01/23/2023	6 Payee name Gannett		
7 Amount (\$) \$11.65	8 Payee address; City; St. 7950 Jones Branch Dr	ate; Zip Code	
	Mc Lean, VA 22107-0002		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Subscription	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
01/23/2023	Gannett		
Amount (\$) \$11.65	Payee address; City; St 7950 Jones Branch Dr Mc Lean, VA 22107-0002	ate; Zip Code	
TYPE OF		Non Rolling	
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Subscription	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract (plains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 24/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT CARI	\$ 201.06
5 Date 01/23/2023	6 Payee name Gannett		•
7 Amount (\$) \$7.99	8 Payee address; City; 7950 Jones Branch Dr	State; Zip Code	
	Mc Lean, VA 22107-0002		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Subscription	Chec	k if travel outside of Texas. Complete Schedule T. k if Austin, 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		
01/23/2023	Gannett		
Amount (\$) \$7.99	Payee address; City; 7950 Jones Branch Dr Mc Lean, VA 22107-0002	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Subscription	Chec	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

	Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Office Overl Polling Expe		Transport Travel in [
	Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services		ges/Contract Labor		t of District enter a category not listed above)
L		The Instruction Guide expl	ains how to com	plete this form.		
1	Total pages Schedule F4: Sch: 25/55 Rpt:	2 FILER NAME Beto for Texas			3 Filer ID 000862	(Ethics Commission Filers) 103
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRED	OIT CARD	\$	201.06
5	Date 01/23/2023	6 Payee name Gannett				
7	Amount (\$) \$7.99	7950 Jones Branch Dr	State; Zip Cod	е		
9	TYPE OF	Mc Lean, VA 22107-0002	Non-Politi	cal		
L	EXPENDITURE					
10	O PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Subscription	iis schedule) (<u> </u>	outside of Texas	s. Complete Schedule T. er living expense
11	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office soug	ht	Offi	ce held
Г	Date	Payee name				
	03/16/2023	Google				
	Amount (\$) \$199.60	Payee address; City; S 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	State; Zip Cod	e		
	TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Software Subscription	iis schedule) (<u> </u>	n, TX, officeholde	s. Complete Schedule T. er living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	Offi	ce held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense		ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards/Memorials Expens	se Printing E		Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex			(
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 26/55 Rpt:	Beto for Texas			00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$ 201.06
5 Date 03/16/2023	6 Payee name Google			
7 Amount (\$) \$199.63	8 Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	State; Zip Co	de	
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
10 PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
EXPENDITURE	Software Subscription		—	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held
Date	Payee name			
03/16/2023	Google			
Amount (\$) \$419.22	Payee address; City; 1600 Amphitheatre Pkwy	State; Zip Co	de	
	Mountain View, CA 94043-1351			
TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule)	<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling I nse Printing	Dernead/Rental Expense Expense Expense s/Wages/Contract Labor	;	Travel in Distr Travel Out of	
		The Instruction Guide	explains how to d	complete this form.			
1 Total pages Schedule F4:	2 FILER NAM	1E			3	Filer ID	(Ethics Commission Filers)
Sch: 27/55 Rpt:	Beto for To	exas				00086103	3
4 TOTAL OF UNITEMI	ZED EXPEN	DITURES CHARGE	ED TO A CR	EDIT CARD	\$		201.06
5 Date	6 Payee nam	е					
03/06/2023	Google						
7 Amount (\$)	8 Payee addr	ess; City;	State; Zip C	Code			
\$298.64	1600 Amp	hitheatre Pkwy					
	Mountain '	View, CA 94043-1351	L				
9 TYPE OF EXPENDITURE	X	Political	Non-Po	olitical			
10 PURPOSE OF	1	See Categories listed at the top	of this schedule)	(b) Description			
EXPENDITURE	Software S	Subscription		1 😐		de of Texas. Co officeholder liv	omplete Schedule T.
				Software S			ing expense
				Conware	Jubsoi	iption	
11 Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	bught		Office	held
Date	Payee nam	e					
03/06/2023	Google						
Amount (\$)	Payee addr	ess; City;	State; Zip C	Code			
\$1,707.33	1	hitheatre Pkwy	·				
. ,		,					
	Mountain '	View, CA 94043-1351	L				
TYPE OF EXPENDITURE	X	Political	Non-Po	olitical			
PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Description			
OF EXPENDITURE	Software S	Subscription		1 😐			omplete Schedule T.
						officeholder liv	ing expense
				Software S	oubscr	iption	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office so	ought		Office	held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E		Transportation Equip Travel in District Travel Out of District	oment & Related Expense t egory not listed above)
			The Instruction Guide ex	plains how to co	mplete this form.		
1	Total pages Schedule F4:	2 FILER NAM	E			3 Filer ID (E	Ethics Commission Filers)
	Sch: 28/55 Rpt:	Beto for Te	exas			00086103	
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGEI	O TO A CRE	DIT CARD	\$	201.06
5	Date	6 Payee name	9				
L	03/06/2023	Google					
7	Amount (\$) \$35.67	8 Payee addre 1600 Amph	ess; City; nitheatre Pkwy	State; Zip Co	de		
		Mountain \	/iew, CA 94043-1351				
9	TYPE OF EXPENDITURE	X	Political	Non-Pol	tical		
10		(a) Category (S	See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Software S	ubscription		—	outside of Texas. Complete	
					Software Sub	, TX, officeholder living exp	pense
					Soliware Sui	Scription	
11	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght	Office held	
	Date	Payee name)				
	01/23/2023	Google					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de		
l	\$6,734.14	1600 Ampl	nitheatre Pkwy				
l	**,						
	¥-3,1 - 1.1-	Mountain \	/iew, CA 94043-1351				
	TYPE OF		/iew, CA 94043-1351	Non Poli	tigal		
		Mountain \	/iew, CA 94043-1351 Political	Non-Poli	tical		
	TYPE OF EXPENDITURE PURPOSE	X			tical (b) Description		
	TYPE OF EXPENDITURE	(a) Category (S	Political		(b) Description Check if travel	outside of Texas. Complete	
	TYPE OF EXPENDITURE PURPOSE OF	(a) Category (S	Political See Categories listed at the top of		(b) Description Check if travel Check if Austin	, TX, officeholder living exp	
	TYPE OF EXPENDITURE PURPOSE OF	(a) Category (S	Political See Categories listed at the top of		(b) Description Check if travel	, TX, officeholder living exp	
	TYPE OF EXPENDITURE PURPOSE OF	(a) Category (S Software S	Political See Categories listed at the top of		(b) Description Check if travel Check if Austin	, TX, officeholder living exp	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	(a) Category (S Software S	Political See Categories listed at the top of subscription	this schedule)	(b) Description Check if travel Check if Austin	, TX, officeholder living exposcription	

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Salaries/Wages/0	Rental Expense T T Contract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)
1 Total pages Schedule F4:		<u>· </u>		iler ID (Ethics Commission Filers)
Sch: 29/55 Rpt:	Beto for Texas		0	0086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT	CARD \$	201.06
5 Date 01/23/2023	6 Payee name Google			
7 Amount (\$) \$1,924.98	8 Payee address; City; 1600 Amphitheatre Pkwy	State; Zip Code		
9 TYPE OF EXPENDITURE	Mountain View, CA 94043-1351	Non-Political		
10 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) D	escription	
OF EXPENDITURE	Software Subscription]	Check if travel outside	of Texas. Complete Schedule T. ficeholder living expense tion
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought		Office held
Date	Payee name			
01/23/2023	Google			
Amount (\$) \$8,335.79	Payee address; City; 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	State; Zip Code		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription]	_	of Texas. Complete Schedule T. ficeholder living expense ttion
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: 30/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/23/2023 Help Scout Amount (\$) Payee address; City; State; Zip Code \$1,177.66 131 Tremont St Ste 3 Boston, MA 02111-1338 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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/23/2023 Help Scout Payee address: Amount (\$) City; State; Zip Code \$106.00 131 Tremont St Ste 3 Boston, MA 02111-1338 **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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software 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 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: 31/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/23/2023 Help Scout Amount (\$) Payee address; City; State; Zip Code \$53.00 131 Tremont St Ste 3 Boston, MA 02111-1338 **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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/16/2023 Hertz Payee address: Amount (\$) City; State; Zip Code \$30.00 6701 Convair Rd

SCHEDULE F4

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 Dlains 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: 32/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 201.06
5 Date 03/06/2023	6 Payee name Hertz		
7 Amount (\$) \$45.95	8 Payee address; City; 6701 Convair Rd	State; Zip Code	
	El Paso, TX 79925-1099		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Transportation Equipment & Relation Expense	ted Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/23/2023	Hertz		
Amount (\$) \$60.23	Payee address; City; 6701 Convair Rd El Paso, TX 79925-1099	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of a Transportation Equipment & Relation Expense	ted Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 33/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 201.06
5 Date 01/23/2023	6 Payee name Hertz		
7 Amount (\$) \$50.64	8 Payee address; City; State 6701 Convair Rd	; Zip Code	
	El Paso, TX 79925-1099		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Transportation Equipment & Related Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
01/23/2023	Hertz		
Amount (\$) \$59.96	Payee address; City; State 6701 Convair Rd	; Zip Code	
	El Paso, TX 79925-1099		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Transportation Equipment & Related Expense	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
Sch: 34/55 Rpt:	Beto for Texas		00086103
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO) A CREDIT CARD	\$ 201.06
5 Date	6 Payee name		
01/23/2023	Hertz		
7 Amount (\$) \$44.97	8 Payee address; City; State 6701 Convair Rd	e; Zip Code	
	El Paso, TX 79925-1099		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	Transportation Equipment & Related Expense	· · ·	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
03/16/2023	Houston Chronicle		
Amount (\$) \$19.96	Payee address; City; State 4747 Southwest Fwy	e; Zip Code	
	Houston, TX 77027-6901		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	Subscription	· · ·	el outside of Texas. Complete Schedule T.
		Subscription	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	Travel in E Travel Out	ation Equipment & Related Expense District t of District enter a category not listed above)
	The Instruction Guide explain	ns how to complete this fo	rm.	
1 Total pages Schedule F4: Sch: 35/55 Rpt:	2 FILER NAME Beto for Texas		3 Filer ID 000861	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$	201.06
5 Date	6 Payee name		•	
01/23/2023	Houston Chronicle			
7 Amount (\$) \$19.96	8 Payee address; City; Sta 4747 Southwest Fwy	te; Zip Code		
	Houston, TX 77027-6901			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Descripti	on	
OF EXPENDITURE	Subscription	<u></u>	if travel outside of Texas if Austin, TX, officeholde	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Offic	ce held
Date	Payee name			
01/23/2023	Houston Chronicle			
Amount (\$) \$19.96	Payee address; City; Sta 4747 Southwest Fwy	te; Zip Code		
	Houston, TX 77027-6901			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this : Subscription	Check	c if travel outside of Texas c if Austin, TX, officeholde	
		Subscr	iption	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Offi	ce held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	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		T T	ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)
			The Instruction Guide ex	plains how to co	omplete this form.		
1	Total pages Schedule F4:	2 FILER NAM	E			3 F	iler ID (Ethics Commission Filers)
	Sch: 36/55 Rpt:	Beto for Te	xas			0	00086103
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	O TO A CRE	EDIT CARD	\$	201.06
5	Date	6 Payee name	•				
L	01/23/2023	Houston C	hronicle				
7	Amount (\$) \$19.96	8 Payee addre		State; Zip Co	ode		
		Houston, T	X 77027-6901				
9	TYPE OF EXPENDITURE	X	Political	Non-Pol	litical		
10		(a) Category (S	See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Subscription	n		ı <u>—</u>		of Texas. Complete Schedule T.
					Subscription		ficeholder living expense
11	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ught		Office held
	Date	Payee name					
	03/06/2023	Jotform					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode		
	\$52.92	4 Embarca	dero Ctr				
		Ste 780					
		San Franci	sco, CA 94111-4102				
	TYPE OF EXPENDITURE	X	Political	Non-Pol	litical		
	PURPOSE OF	,	See Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE	Software S	ubscription		ı =		of Texas. Complete Schedule T. ficeholder living expense
					Software Sul		
					Software Sur	000116	74011
_		Candidate/Off	iceholder name	Office sou	<u>l</u> ught		Office held
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/OI	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/OI	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	H					
	Complete ONLY if direct expenditure to benefit C/Oh	dandidate/en					

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 37/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 201.06
5 Date 03/06/2023	6 Payee name Jotform		
7 Amount (\$) \$52.92	8 Payee address; City; State 4 Embarcadero Ctr Ste 780 San Francisco, CA 94111-4102	; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Software Subscription	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense OSCription
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Date	Payee name		
03/06/2023	MangoMap LIMITED		
Amount (\$) \$199.00	Payee address; City; State 1 Victoria St Redcliffe Brist BS1 6DT United Kingdo	e; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Software Subscription	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense OSCription
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 38/55 Rpt:	Beto for Texas		00086103
TOTAL OF UNITEMIX	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 201.06
5 Date	6 Payee name		
03/06/2023	MangoMap LIMITED		
7 Amount (\$) \$199.00	8 Payee address; City; Sta 1 Victoria St	ate; Zip Code	
	Redcliffe Brist BS1 6DT United King	dom	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Software Subscription		el outside of Texas. Complete Schedule T.
		Software Su	tin, TX, officeholder living expense Ubscription
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
03/16/2023	Monday.com		
Amount (\$) \$106.40	Payee address; City; Sta 36 W 14th St	ate; Zip Code	
	New York, NY 10011-7501		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Software Subscription		el outside of Texas. Complete Schedule T.
		Software Su	in, TX, officeholder living expense
		301tware 3t	abscription
Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD EXPENDITURE CATEGORIES FOR BOX 10(a)

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Services	Loan Repayment/Reimburseme Office Overhead/Rental Expensi Polling Expense e Printing Expense Salaries/Wages/Contract Labor plains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 39/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 201.06
5 Date 03/06/2023	6 Payee name Monday.com		
7 Amount (\$) \$106.40	8 Payee address; City; 36 W 14th St	State; Zip Code	
9 TYPE OF	New York, NY 10011-7501	Non-Political	
EXPENDITURE		<u> </u>	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Subscription
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
03/06/2023	Monday.com		
Amount (\$) \$106.40	Payee address; City; 36 W 14th St New York, NY 10011-7501	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Software Subscription	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Subscription
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Ove Polling Ex se Printing E Salaries/V	kpense /ages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1 Total pages Schedule F4:		•	·	3 Filer ID	(Ethics Commission Filers)
Sch: 40/55 Rpt:	Beto for Texas			00086103	(
4 TOTAL OF UNITEMIA	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$	201.06
5 Date 03/16/2023	6 Payee name NGP VAN				
7 Amount (\$) \$175.89	8 Payee address; City; PO Box 392264	State; Zip Co	de		
	Pittsburgh, PA 15251-9264				
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)	—	outside of Texas. Con n, TX, officeholder livin bscription	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office h	eld
Date 03/16/2023	Payee name NGP VAN				
Amount (\$) \$808.02	Payee address; City; PO Box 392264	State; Zip Co	de		
TYPE OF	Pittsburgh, PA 15251-9264				
EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)		outside of Texas. Con n, TX, officeholder livin DSCription	•
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sou	ght	Office h	eld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Il Committee Legal Services	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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 41/55 Rpt:	Beto for Texas		00086103	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 201.06	
5 Date 03/16/2023	6 Payee name NGP VAN			
7 Amount (\$) \$175.89	8 Payee address; City; State; Zip Code PO Box 392264			
	Pittsburgh, PA 15251-9264			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held	
Date	Payee name			
03/16/2023	NGP VAN			
Amount (\$) \$808.02	Payee address; City; St. PO Box 392264 Pittsburgh, PA 15251-9264	ate; Zip Code		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office held	

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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:	•	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 42/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 201.06
5 Date 03/06/2023	6 Payee name NGP VAN		
7 Amount (\$) \$175.89	8 Payee address; City; Sta PO Box 392264	te; Zip Code	
	Pittsburgh, PA 15251-9264		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bscription
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
Date 03/06/2023	Payee name NGP VAN		
Amount (\$) \$175.89	Payee address; City; Sta PO Box 392264 Pittsburgh, PA 15251-9264	ıte; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bscription
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expense Fees Food/Beverage Expense /- Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District			
Candidate/Officeholder/Politica	tions Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:		ans now to complete this form.	3 Filer ID (Ethics Commission Filers)		
Sch: 43/55 Rpt:	Beto for Texas		00086103		
4	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 201.06		
5 Date 03/06/2023	6 Payee name NGP VAN		<u> </u>		
7 Amount (\$)		toto: 7in Code			
\$2,424.06	8 Payee address; City; State; Zip Code PO Box 392264				
	Pittsburgh, PA 15251-9264				
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription		
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held		
Date	Payee name				
03/16/2023	Phantombuster				
Amount (\$) \$59.00	Payee address; City; Si 169 11th St	tate; Zip Code			
	San Francisco, CA 94103-2533				
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held		

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense		ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards/Memorials Expens	se Printing E		Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 44/55 Rpt:	Beto for Texas			00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$ 201.06
5 Date 03/06/2023	6 Payee name Phantombuster			
7 Amount (\$) \$59.00	8 Payee address; City; State; Zip Code 169 11th St			
	San Francisco, CA 94103-2533			
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)	—	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office held
Date	Payee name			
03/06/2023	Phantombuster			
Amount (\$) \$59.00	Payee address; City; 169 11th St	State; Zip Co	de	
	San Francisco, CA 94103-2533			
TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	of this schedule)	<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense OSCription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office held

SCHEDULE F4

EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
The Instruction Guide ex	plains how to complete this form.	
2 FILER NAME Beto for Texas		3 Filer ID (Ethics Commission Filers) 00086103
ZED EXPENDITURES CHARGEI	O TO A CREDIT CARD	\$ 201.06
6 Payee name Salesforce Inc		
8 Payee address; City; 415 Mission St FI 3 San Francisco, CA 94105-2504	State; Zip Code	
X Political	Non-Political	
(a) Category (See Categories listed at the top of Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense lbscription
Candidate/Officeholder name	Office sought	Office held
Payee name Slack		
Payee address; City; 500 Howard St San Francisco, CA 94105-3000	State; Zip Code	
X Political	Non-Political	
(a) Category (See Categories listed at the top of Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense abscription
Candidate/Officeholder name	Office sought	Office held
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex 2 FILER NAME Beto for Texas ZED EXPENDITURES CHARGED 6 Payee name Salesforce Inc 8 Payee address; City; 415 Mission St FI 3 San Francisco, CA 94105-2504 X Political (a) Category (See Categories listed at the top of Software Subscription Candidate/Officeholder name Payee name Slack Payee address; City; 500 Howard St San Francisco, CA 94105-3000 X Political (a) Category (See Categories listed at the top of Software Subscription)	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Polli

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 46/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 201.06
5 Date 01/23/2023	6 Payee name Star-Telegram		
7 Amount (\$) \$22.72	808 Throckmorton St	; Zip Code	
	Fort Worth, TX 76102-6315		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
01/23/2023	Star-Telegram		
Amount (\$) \$22.72	Payee address; City; State 808 Throckmorton St Fort Worth, TX 76102-6315	; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Subscription	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		Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense		ayment/Reimbursement rhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Awards/Memorials Expense 	Printing E		Travel Out of District OTHER (enter a category not listed above)
Outraidae/Onicenolae// Onide	The Instruction Guide exp			OTTEN (Chief a category not instead above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 47/55 Rpt:	Beto for Texas			00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$ 201.06
5 Date	6 Payee name			
01/23/2023	Star-Telegram			
7 Amount (\$) \$22.72	8 Payee address; City; 808 Throckmorton St	State; Zip Co	de	
	Fort Worth, TX 76102-6315			
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical	
10 PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	
OF EXPENDITURE	Subscription		<u>—</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Subscription	, 1X, officeriolder living expense
			Cascopuc	
11 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
expenditure to benefit C/O	1			
Date	Payee name			
03/06/2023	The Action Network			
Amount (\$)	,	State; Zip Co	de	
\$156.00	1900 L St NW			
	Washington, DC 20036-5002			
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	Software Subscription		<u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			Software Sub	• •
			Soltware Sui	Scription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held

SCHEDULE F4

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 ns 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: 48/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 201.06
5 Date 01/23/2023	6 Payee name The Action Network		
7 Amount (\$) \$10.00	8 Payee address; City; Sta 1900 L St NW Washington, DC 20036-5002	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 Software Subscription	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense bscription
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/23/2023	Thrifty Car Rental		
Amount (\$) \$225.50	Payee address; City; Sta 9559 AIRPORT Blvd San Antonio, TX 78216	ate; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Transportation Equipment & Related 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/OI	Candidate/Officeholder name H	Office sought	Office held

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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide exp	plains how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
Sch: 49/55 Rpt:	Beto for Tex	kas				00086103
4 TOTAL OF UNITEMIZ	ZED EXPEND	ITURES CHARGED) TO A CRE	DIT CARD	\$	201.06
5 Date	6 Payee name					
01/23/2023	Thrifty Car I	Rental				
7 Amount (\$) \$45.96	8 Payee addre		State; Zip Co	ode		
	San Antonio	o, TX 78216				
9 TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
10 PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b) Description		
OF EXPENDITURE	Transportat Expense	ion Equipment & Rela	ted	l '		de of Texas. Complete Schedule T. officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	l ght		Office held
Date	Payee name					
03/16/2023	UPS Store					
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode		
\$14.15	11611 W Ai	rport Blvd				
	Meadows P	lace, TX 77477-3042				
TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	1 ,	ee Categories listed at the top of Fundraising Expense	this schedule)	l <u>–</u>		de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ıght		Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ll Committee Legal Services	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Dlains how to complete this form.	
1 Total pages Schedule F4:	·	name now to complete the form	3 Filer ID (Ethics Commission Filers)
Sch: 50/55 Rpt:	Beto for Texas		00086103
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 201.06
5 Date 03/16/2023	6 Payee name UPS Store		•
7 Amount (\$) \$15.23	8 Payee address; City; 11611 W Airport Blvd	State; Zip Code	
O TYPE OF	Meadows Place, TX 77477-3042		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Solicitation/Fundraising Expense	Check if tra	evel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
Date 01/23/2023	Payee name Zapier		
Amount (\$) \$1,155.00	Payee address; City; 243 Buena Vista Ave Apt 508 Sunnyvale, CA 94086-4867	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	Check if tra	evel outside of Texas. Complete Schedule T. Stin, TX, officeholder living expense Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held

SCHEDULE **F4**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By	<i>1</i> -	Fees Food/Beverage Expense Gift/Awards/Memorials Expens	Office Ov Polling E			
	Candidate/Officeholder/Politica		Legal Services	Salaries/	Wages/Contract Labor		r a category not listed above)
			The Instruction Guide ex	kplains how to c	omplete this form.	1	
1	Total pages Schedule F4:					3 Filer ID	(Ethics Commission Filers)
	Sch: 51/55 Rpt:	Beto for Te	exas			00086103	3
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	D TO A CRE	EDIT CARD	\$	201.06
5	Date	6 Payee name)				
	01/23/2023	Zapier					
7	Amount (\$)	8 Payee addre	ess; City;	State; Zip C	ode		
	\$1,155.00	243 Buena	Vista Ave				
		Apt 508					
		Sunnyvale,	, CA 94086-4867				
9	TYPE OF EXPENDITURE	X	Political	Non-Po	litical		
10		(a) Category (S	See Categories listed at the top of	of this schedule)	(b) Description		
	OF EXPENDITURE	Software S	ubscription		l —	outside of Texas. Co	•
						n, TX, officeholder liv	ing expense
					Software Su	bscription	
11	Compulate ONII V if direct	Condidate/Off	ii aa badaa waa waa	Office	, asht	Office	hald
Ľ	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ugni	Office	neiu
	Date	Payee name)				
	03/16/2023	Zoom					
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode		
l	\$213.10	55 Almade	n Blvd				
ı	Ψ210.10						
	\$210.10						
	4 210.10		CA 95113-1608				
	TYPE OF EXPENDITURE		CA 95113-1608 Political	Non-Po	litical		
	TYPE OF EXPENDITURE PURPOSE	San Jose, ((b) Description		
	TYPE OF EXPENDITURE PURPOSE OF	San Jose, (Political See Categories listed at the top of		(b) Description Check if trave	outside of Texas. Co	
	TYPE OF EXPENDITURE PURPOSE	San Jose, (X (a) Category (S	Political See Categories listed at the top of		(b) Description Check if trave	n, TX, officeholder liv	
	TYPE OF EXPENDITURE PURPOSE OF	San Jose, (X (a) Category (S	Political See Categories listed at the top of		(b) Description Check if trave	n, TX, officeholder liv	
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	San Jose, (X (a) Category (S) Software S	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top of		(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	San Jose, (X (a) Category (S Software S Candidate/Off	Political See Categories listed at the top oubscription	of this schedule)	(b) Description Check if travel Check if Austi Software Su	n, TX, officeholder liv bscription	ing expense

SCHEDULE **F4**

Accounting Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense /- dl Committee Fees Food/Beverage Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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: Sch: 52/55 Rpt:	2 FILER NAME Beto for Texas		3 Filer ID (Ethics Commission Filers) 00086103
4	ZED EXPENDITURES CHARGED	ΓΟ A CREDIT CARD	\$ 201.06
5 Date 03/16/2023	6 Payee name Zoom		
7 Amount (\$) \$213.10	8 Payee address; City; St 55 Almaden Blvd	ate; Zip Code	
9 TYPE OF	San Jose, CA 95113-1608	_	
EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ubscription
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date 03/16/2023	Payee name Zoom		
Amount (\$) \$309.04	Payee address; City; St 55 Almaden Blvd San Jose, CA 95113-1608	ate; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Software Subscription	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ubscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expense Fees Food/Beverage Expense Gftf/Awards/Memorials Expense	Office Ove Polling Ex		Solicitation/Fund Transportation E Travel in District Travel Out of Dis	quipment & Related Expense
	Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/V	ages/Contract Labor		category not listed above)
<u> </u>	Tatal manage Calcadula EA.	The Instruction Guide exp	plains how to co	mplete this form.	la =:::15	(Ethios Commission Filers)
1	Total pages Schedule F4: Sch: 53/55 Rpt:	Beto for Texas			3 Filer ID 00086103	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	201.06
1	Date 03/16/2023	6 Payee name Zoom				
7	Amount (\$) \$278.16	55 Almaden Blvd	State; Zip Co	de		
9	TYPE OF	San Jose, CA 95113-1608	Non-Poli	ical		
	EXPENDITURE					
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	this schedule)	—	l outside of Texas. Com n, TX, officeholder living bscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office he	eld
	Date	Payee name				
(03/06/2023	Zoom				
,	Amount (\$) \$309.04	Payee address; City; 55 Almaden Blvd San Jose, CA 95113-1608	State; Zip Co	de		
	TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	this schedule)	<u> </u>	outside of Texas. Comp n, TX, officeholder living bscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office he	eld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp			
Candidate/Officeholder/Politica	ll Committee Legal Services	Salaries/Wa	ages/Contract Labor		category not listed above)
4. Tatal manage Calculus EA	The Instruction Guide ex	plains how to con	nplete this form.	a =::-:::D	(Ethias Commission Eilans)
1 Total pages Schedule F4: Sch: 54/55 Rpt:	Beto for Texas			3 Filer ID 00086103	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CREI	DIT CARD	\$	201.06
5 Date 03/06/2023	6 Payee name Zoom				
7 Amount (\$) \$276.89	8 Payee address; City; 55 Almaden Blvd	State; Zip Coo	le		
9 TYPE OF	San Jose, CA 95113-1608	☐ Non Bolit			
EXPENDITURE	X Political	Non-Politi	cai		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	this schedule)	ш	outside of Texas. Com n, TX, officeholder living bscription	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office soug	ht	Office he	eld
Date	Payee name				
03/06/2023	Zoom				
Amount (\$) \$278.16	Payee address; City; 55 Almaden Blvd San Jose, CA 95113-1608	State; Zip Coo	le		
TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Software Subscription	f this schedule)	<u> </u>	outside of Texas. Com n, TX, officeholder living bscription	•
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office soug	ht	Office he	eld

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: 55/55 Rpt: Beto for Texas 00086103 4 \$ 201.06 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/06/2023 Zoom Amount (\$) Payee address; City; State; Zip Code \$309.04 55 Almaden Blvd San Jose, CA 95113-1608 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. Software Subscription **EXPENDITURE** Check if Austin, TX, officeholder living expense Software Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: L/5 Rpt: 120/124
2	FILER NAME			3	Filer II	C (Ethics Commission Filers)
	Beto for Tex	as			00086	` ,
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	06/27/2023		AmTrust North America			\$3,958.00
			Address of person from whom amount is received; City; State; Zip Code			
		ľ	Address of person from whom amount is received, Gity, State, 2p code			
			Cleveland, OH 44101			
		7	Purpose for which amount is received	ooliti	cal cont	ribution returned to filer
			Refund From Vendor			
_	Date	H	Name of person from whom amount is received			Amount (\$)
	03/08/2023		CCS Houston			\$2,783.04
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Address of person from whom amount is received, Oily, State, 2p code			
			Houston, TX 77002			
			Purpose for which amount is received	ooliti	cal cont	ribution returned to filer
			Void of Stale-Dated 7/6/22 Payment			
	Date	Ī	Name of person from whom amount is received			Amount (\$)
	03/08/2023		Cano, Rolando			\$200.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			
		L	McAllen, TX 78504			
				ooliti	cal cont	ribution returned to filer
			Void of Stale-Dated 8/24/22 Payment			
	Date		Name of person from whom amount is received			Amount (\$)
	03/08/2023		Casas, Gilberto			\$200.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			"
			0			
		L	Corpus Christi, TX 78401			
				ooliti	cal cont	ribution returned to filer
			Void of Stale-Dated 8/25/22 Payment			
	Date		Name of person from whom amount is received			Amount (\$)
	03/08/2023		Contreras, Antonio			\$200.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Oranica Obriefi, TV 70404			
		L	Corpus Christi, TX 78401			
			-	ooliti	cal cont	ribution returned to filer
			Void of Stale-Dated 8/25/22 Payment			
l						

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 2/5 Rpt: 121/124
2	FILER NAME			3	Filer II	C (Ethics Commission Filers)
	Beto for Tex	as			00086	6103
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	03/08/2023		Contreras, Erika			\$450.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			Zapata, TX 78076			
		7	Purpose for which amount is received	if politi	cal cont	ribution returned to filer
			Void of Stale-Dated 08/22/22 Payment			
	Date	Ħ	Name of person from whom amount is received			Amount (\$)
	03/08/2023		Four Rivers Strategies			\$133.16
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			, adioso si poison nom anodin io rosonod, 'eng', etato, <u>e</u> special			
			Garland, TX 75040			
			Purpose for which amount is received	if politi	cal cont	ribution returned to filer
			Void of Stale-Dated 12/8/22 Payment			
	Date	İ	Name of person from whom amount is received			Amount (\$)
	03/08/2023		Inkstone Analytics			\$29,400.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Somerville, MA 02114			
			——————————————————————————————————————	if politi	cal cont	ribution returned to filer
			Void of Stale-Dated 11/17/22 Payment			
	Date		Name of person from whom amount is received			Amount (\$)
	03/08/2023		Jackson, Cameron			\$275.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			1
		L	Austin, TX 78703			
			 -	if politi	cal cont	ribution returned to filer
			Void of Stale-Dated 9/6/22 Mileage Reimbursement			
	Date		Name of person from whom amount is received			Amount (\$)
	04/06/2023		Kohlberg, Nancy			\$5,000.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			A I. NIV 40504			
		\vdash	Armonk, NY 10504			
			-	if politi	cal cont	ribution returned to filer
			Returned Item			

	The Instruction Guide explains how to complete this form					pages Schedule K: 3/5 Rpt: 122/124		
2	FILER NAME			C (Ethics Commissi	ion Filers)			
	Beto for Tex	eto for Texas 00086						
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	01/24/2023	ļ	LBJ Concourse Office Partners LP				\$7,143.40	
		6	Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75234					
		7	Purpose for which amount is received	f politi	cal cont	tribution returned to fi	iler	
			Refund from Vendor					
	Date	Ħ	Name of person from whom amount is received			Amount (\$)		
	03/08/2023		Levelfield Corporation Texas				\$513.83	
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			, ,, ,					
			New York, NY 10003					
			Purpose for which amount is received	f politi	cal cont	tribution returned to fi	iler	
			Void of Stale-Dated 6/30/22 Contribution Refund					
	Date		Name of person from whom amount is received			Amount (\$)		
	04/06/2023		Middle Seat				\$93,012.37	
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Washington, DC 20009					
				f politi	cal cont	tribution returned to fi	iler	
			Refund from Vendor					
	Date		Name of person from whom amount is received			Amount (\$)		
	01/16/2023	ļ	Ovations Food Services LP				\$7,350.19	
			Address of person from whom amount is received; City; State; Zip Code					
			Philadelphia, PA 19112					
		┝	· · · · · · · · · · · · · · · · · · ·	f noliti	cal cont	<u> </u> tribution returned to fi	iler	
			Refund From Vendor	i politi	cai com			
_	Date	H	Name of person from whom amount is received			Amount (\$)		
	06/02/2023		Spectrum			Amount (\$)	\$342.50	
	00,02,2020	ļ	Address of person from whom amount is received; City; State; Zip Code				40.2.00	
			Address of person from whom amount is received, Gity, State, Zip Code					
			Wilmington, NC 28403					
			Purpose for which amount is received	f politi	cal cont	ribution returned to fi	iler	
			Refund From Vendor					
		_						

	The Instru	cti	on Guide explains how to complete this form.	1			ages Schedule K: /5 Rpt: 123/124	
2						(Ethics Commission	Filers)	
	Beto for Tex	Beto for Texas 00086					103	
4	Date 03/08/2023	6	Name of person from whom amount is received Suits, Gloria Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$200.00
			Mission, TX 78572					
		7	Purpose for which amount is received	politi	ical	contr	ibution returned to filer	
	Date	Г	Name of person from whom amount is received				Amount (\$)	
	04/05/2023		Tardiff, Robert					\$250.00
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Manchester, CT 06040					
				politi	ical	contr	ibution returned to filer	
			Returned Item					
	Date		Name of person from whom amount is received				Amount (\$)	
	03/08/2023	<u> </u>	Thurman, Adam					\$200.00
			Address of person from whom amount is received; City; State; Zip Code					
			Corpus Christi TV 70401					
			Corpus Christi, TX 78401					
			Purpose for which amount is received Check i Void of Stale-Dated 8/25/22 Payment	politi	icai	contr	ibution returned to filer	
		<u> </u>	<u> </u>					
	Date		Name of person from whom amount is received				Amount (\$)	Φ1 47 OO
	03/08/2023	ļ	Timashenka, Julie					\$147.23
			Address of person from whom amount is received; City; State; Zip Code					
			Austin, TX 78703					
		H		noliti	ical	contr	l ibution returned to filer	
			Void of Stale-Dated 8/31/22 Campaign Staff Salary	pont		00		
_	Date	_	Name of person from whom amount is received			1	Amount (\$)	
	03/08/2023		VFW Piney Woods Post 4816				γunount (ψ)	\$450.00
	Address of person from whom amount is received; City; State; Zip Code						+ 100.00	
			Address of person from whom amount is received, City, State, 21p code					
			Porter, TX 77365					
			Purpose for which amount is received	politi	ical	contr	ibution returned to filer	
			Void of Stale-Dated 8/9/22 Payment					

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: 5/5 Rpt: 124/124 2 FILER NAME Filer ID (Ethics Commission Filers) Beto for Texas 00086103 8 Amount (\$) Date 5 Name of person from whom amount is received 03/08/2023 Watson, Demaunle \$200.00 6 Address of person from whom amount is received; City; State; Zip Code Waco, CT 76708 Purpose for which amount is received ☐ Check if political contribution returned to filer Void of Stale-Dated 8/8/22 Payment Amount (\$) Date Name of person from whom amount is received 03/08/2023 Wicks, Jason \$200.00 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78401 Purpose for which amount is received Check if political contribution returned to filer Void of Stale-Dated 8/25/22 Payment