CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00081730		2 Total pages f	iled: 50
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Ana-Maria			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Ramos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 852227				Receipt #	Amount
Change of Address	Richardson, TX 75085				Date Processed	
_					Date i loccisca	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u>	
TREASURER NAME	Mr.	Jeremy				
	NICKNAME	LAST		SUFFIX		
		Davis				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	T / SUITE #; CITY	: ST	ATE; ZIP CODE
TREASURER ADDRESS	10501 Markison Rd.			.,	,	,
(Residence or Business)	Dallas, TX 75238					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER PHONE	(972) 926-3395					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after ca appointment (off	ımpaign treasurer iceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD COVERED	Month Day Year		upouou.	Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	F	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	Γ (if known)	
	State Representative Distr	rict 102 Dallas				
	1					
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Ramos, Ana-Maria (T	he Honorable)	14 Filer ID 00081730	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or poli These expenditures may have been i officeholders are required to report t	made without the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
ш°	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASU	RER NAME					
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEI	ES OF LOANS)	\$ 1,160.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,890.00				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 9,044.14				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	G LOANS AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT			under penalty of perjury, that the acound includes all information required tection Code.					
			The Honorable Ana-Maria Ram	108				
			Signature of Candidate or Officeho	lder				
AFFIX NO	TARY STAMP / SEAL ABO	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.							
Signature of offi	Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		VLN	3 of 50		
18 FILE Ran		ME na-Maria (The Honorable)	19 Filer ID 00081730	(Ethics	Commission Filers)
20 SCH NAM	EDULE IE OF S	SI	JBTOTAL AMOUNT		
1.	X	\$	1,160.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	31,890.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	36.76

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/50	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	Ramos, Ana	-Maria (The Honorable)					00081730	
4	Date 06/21/2023	5 Full name of contributorBaird, LeAnne6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Dallas, TX 75248						
8		pation / Job title (See Instruction	s)	9	Employer (See Instructions	5)		
	Community (Self			
	Date 06/19/2023	Full name of contributor Chacon, Jessica Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
		Berkeley, CA 94704						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			5)				
	Not employed Not employed							
	Date 06/28/2023	Full name of contributor Cummins, Phyllis Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.00
		Richardson, TX 75080						
	Principal occu	pation / Job title (See Instruction:	s)		Employer (See Instructions	<u> </u>		
	Not employe	d			Not employed			
	Date 06/19/2023	Full name of contributor Davis, Jeremy Contributor address; City; S Richardson, TX 75081	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,000.00
	Principal occu Engineer	pation / Job title (See Instruction	5)		Employer (See Instructions VectorNav Technologies			
	Date 06/30/2023	Full name of contributor Garcia, Catalina Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$102.00
	Principal occu Not employe	Dallas, TX 75231 pation / Job title (See Instruction:	5)		Employer (See Instructions Not employed	<u> </u> ;)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/50
2	FILER NAME Ramos, Ana-Maria (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081730
4	Date 06/30/2023 5 Full name of contributor out-of-state PAC (ID#: Maguire-Powell, Alison 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$10.0
8		oyer (See Instructions) employed

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/44 Rpt: 6/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/09/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.87	1360 S Plano Rd
		Richardson, TX 75081
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u> </u>
	Date	Payee name
	02/28/2023	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	Colorado St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EX. ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Parking Parking
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	
	Date 06/25/2023	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	369 Summer St
		Somerville, MA 02144
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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: 2/44 Rpt: 7/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/30/2023	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.30	369 Summer St
		Somerville, MA 02144
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.
		Cradit cord processing foe
		Credit card processing fee
L	2	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientere to benefit over	'
	Date	Payee name
	01/03/2023	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.23	345 Park Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Software license
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit orei	
	Date	Payee name
	02/02/2023	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Software license
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/44 Rpt: 8/50	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	
	03/02/2023	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.64	345 Park Ave	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
		Check if Austir Software lice	n, TX, officeholder living expense
		Software lice	ense.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
,	expenditure to benefit C/O		Office Held
_	Date	Davisa nama	
	04/03/2023	Payee name Adobe	
	Amount (\$) \$21.64	Payee address; City; State; Zip Code 345 Park Ave	
	\$21.04	345 Park Ave	
		0104.05440	
		San Jose, CA 95110	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(=
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Software lice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	1	
	Date	Payee name	
	05/02/2023	Adobe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.64	345 Park Ave	
		San Jose, CA 95110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Software lice	ense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
		•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/44 Rpt: 9/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/02/2023	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software license
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office decor
		Office decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Data	Description
	Date 01/09/2023	Payee name Amazon

	Amount (\$) \$73.20	Payee address; City; State; Zip Code
	Φ13.20	440 Terry Avenue North
		0
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office decor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/44 Rpt: 10/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/11/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.92	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	1
	Date	Payee name
	01/12/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.70	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.92	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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 Co 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	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/44 Rpt: 11/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/17/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.10	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.69	440 Terry Avenue North
		Seattle, WA 98109
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.68	440 Terry Avenue North
		Seattle, WA 98109
	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
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	≣				3	Filer ID	(Ethics Commission Filers)
	Sch: 7/44 Rpt: 12/50	Ramos, An	a-Maria (The Honoi	rable)				00081730	
4	Date	5 Payee name							
	02/23/2023	Amazon							
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode				
	\$31.38	440 Terry A	Avenue North						
		Seattle, W	\ 98109						
8	PURPOSE		ee Categories listed at the to		(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	se		므		de of Texas. Com officeholder living	
						Office supplie		omocnoluer liviliy	, experise
						amic cappile			
9	Complete ONLY if direct		iceholder name	Office so	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O				5				
	Date	Payee name							
	03/07/2023	Amazon							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$10.61	440 Terry <i>A</i>	Avenue North						
		-							
		Seattle, W	N 98109						
	PURPOSE OF		ee Categories listed at the to		(b)	Description	a	de ef Terro	plata Cabadula T
	EXPENDITURE	Office Over	head/Rental Expen	ise		=		de of Texas. Com officeholder living	
						Office supplie			
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name							
	03/07/2023	Amazon							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$17.81	440 Terry A	Avenue North						
		Seattle, W	A 98109						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE		head/Rental Expen					de of Texas. Com	•
						Office supplie		officeholder living	expense
						Onice Supplie	.3		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/OI			233 30	- g			200 110	-

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 8/44 Rpt: 13/50	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	
	03/10/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.99	440 Terry Avenue North	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Office decora	tion
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/20/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.46	440 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnedd/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Office supplie	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/12/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.82	440 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Office supplie	S
	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/Politica Credit Card Payment		Office Overhea Polling Expensi Printing Expensi Salaries/Wages	se s/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	·		3	Filer ID	(Ethics Commission Filers)
	Sch: 9/44 Rpt: 14/50	Ramos, Ana-Maria (The Honorable)			00081730	(Eulius Collinission Fileis)
4	Date	5 Payee name		•		
	04/17/2023	Amazon				
6	Amount (\$) \$25.96	7 Payee address; City; State440 Terry Avenue NorthSeattle, WA 98109	e; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	hedule) (b)	=	tside of Texas. Com X, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office he	eld
	Date	Payee name				
	04/17/2023	Amazon				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$4.32	440 Terry Avenue North				
		Seattle, WA 98109				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol Office Overhead/Rental Expense	hedule) (b)	=	tside of Texas. Com X, officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office he	eld
	Date	Payee name				
	04/18/2023	Amazon				
	Amount (\$) \$9.36	Payee address; City; State 440 Terry Avenue North	e; Zip Code			
		Seattle, WA 98109	_			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule) (b)	<u></u>	tside of Texas. Com X, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		Office sought		Office he	eld

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Gift/Aw

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

g Expense ng Expense es/Wages/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: 10/44 Rpt: 15/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/19/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.80	440 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	05/24/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.69	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff gift supplies
		Start girt Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	06/01/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.77	440 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office decoration
	0 1 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/44 Rpt: 16/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/03/2023	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.50	333 W Cambell Rd
		Richardson, TX 75080
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
		Merchant fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/02/2023	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.50	333 W Cambell Rd
		Richardson, TX 75080
	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
		Merchant fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	03/02/2023	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.50	333 W Cambell Rd
		Richardson, TX 75080
	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 Merchant fees
		Wordmann
	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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	ИΕ				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 12/44 Rpt: 17/50	Ramos, A	na-Maria (The Honora	ıble)				00081730		
4	Date	5 Payee nam	ne							
	04/03/2023	Bank of T	exas							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$22.50	333 W Ca	mbell Rd							
			on, TX 75080							
8	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees				=		ide of Texas. Com , officeholder living		
						Merchant fee		, conconcider name	, екропес	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught			Office he	eld	
┕										
	Date	Payee nam								
	05/01/2023	Bank of T	exas							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$22.50	333 W Ca	mbell Rd							
		Richardso	on, TX 75080							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		ide of Texas. Com		
						Merchant fee		, officeholder living	j expense	
						Merchant lee	3			
⊢	Complete ONLY if direct	Candidate/C	officeholder name	Office sou	laht			Office he	eld	
	expenditure to benefit C/OI		modificaci name	011100 000	agiit			Omoc m	J.u	
H	Date	Dayoo nam	20							
	05/23/2023	Payee nam Bank of T								
L				Chahai Zin C						
	Amount (\$)	Payee add		State; Zip Co	oue					
	\$1.49	333 W Ca	imbeli Ru							
		Picharded	on, TX 75080							
L	DUDDOCE	() -			(1-)	5				
	PURPOSE OF	1	(See Categories listed at the top	of this schedule)	(D)	Description Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Fees						, officeholder living		
						International				
1										
r	Complete ONLY if direct		fficeholder name	Office sou	ught			Office he	eld	
1	expenditure to benefit C/OI	H								
一										
ᆫ										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/44 Rpt: 18/50	Ramos, Ana-Maria (The Honorable)		00081730
4	Date	5 Payee name		<u>'</u>
	06/02/2023	Bank of Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$22.50	333 W Cambell Rd		
		Richardson, TX 75080		
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.
	LAFLINDHORL			Check if Austin, TX, officeholder living expense
				Merchant fees
_	Operation ONE V if dispose	Out lide to (Office health a resume	1-4	Office health
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	03/07/2023	Brothers Valet		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$24.72	7610 Rio Pass		
		Austin, TX 78724		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Parking
				. Coming
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	•		
	Date	Payee name		
	01/12/2023	Buc-ee's		
	Amount (\$)	Payee address; City; State; Zip Cod	اما	
	\$34.21	4155 N General Bruce Dr	ic	
	ΨO-1.21	4130 N General Brace Br		
		Temple, TX 76501		
	DUDD005			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Gasoline
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 19/50	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	•
	01/09/2023	Canva Pty Ltd	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.95	2/2 Lacey Street	
		Surry Hills NSW 02010 Australia	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Branding ap	р
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	· · ·	
	Date	Payee name	
	02/09/2023	Canva Pty Ltd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	2/2 Lacey Street	
		Surry Hills NSW 02010 Australia	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	l outside of Texas. Complete Schedule T.
		Branding ap	in, TX, officeholder living expense
		branding ap	P
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
_	Data	D. D. C.	
	Date 03/09/2023	Payee name Canva Pty Ltd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.40	2/2 Lacey Street	
		Comment Hills AICHA 00040 Accepts I's	
		Surry Hills NSW 02010 Australia	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Toyon, Complete Cabadula T
	EXPENDITURE	Office Overficad/Nertial Expense	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Branding ap	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/44 Rpt: 20/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/09/2023	Canva Pty Ltd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	2/2 Lacey Street
		Surry Hills NSW 02010 Australia
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Branding app
_	0 1 0 0 1 1 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/10/2023	Canva Pty Ltd
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	2/2 Lacey Street
		Surry Hills NSW 02010 Australia
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense
		Branding app
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/09/2023	Payee name Canva Pty Ltd
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	2/2 Lacey Street
		Surry Hills NSW 02010 Australia
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Branding app
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ε	<u></u>			3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/44 Rpt: 21/50	Ramos, An	a-Maria (The Honorable	e)			'	00081730		
4	Date	5 Payee name				•				
	06/09/2023	Canva Pty								
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip C	ode					
	\$12.95	2/2 Lacey S	Street							
		Surry Hills	NSW 02010 Australia							
8	PURPOSE	(a) Category (s	iee Categories listed at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense	,		Check if travel of	outsid	e of Texas. Com	plete Schedule T.	
	EXPENDITORE					\Box		officeholder living	expense	
						Branding app)			
Ļ					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office so	ught			Office he	eld	
\vdash	Date	Payee name								
	06/12/2023	City Park V								
		Payee addre		State; Zip C	,odc					
	Amount (\$) \$15.60	7604 Ashle	•	naie, ZIP C	,oue					
	Φ13.00	1004 ASIIIE	ai Cuve							
		A	70750							
		Austin, TX			1.					
	PURPOSE OF		ee Categories listed at the top of the		(b)	Description	at-: '	e of Tower O	plete Cehadule T	
	EXPENDITURE	Transporta Expense	tion Equipment & Relat	ed		_		e of Texas. Com officeholder living	plete Schedule T.	
		Lxperise				Parking	,,			
						Ü				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	03/31/2023	,	angler Photographic De	esign						
	Amount (\$)	Payee addre	ess; City; S	State; Zip C	ode					
	\$511.00	235 Point L								
		Charleston	, WV 25306							
	PURPOSE	(a) Category (s	see Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense	-,		Check if travel of			plete Schedule T.	
	LAFLINDITORE							officeholder living		
						Texas House	par	noramic pho	Oto	
	Complete ONLY if alice -	Condidate/Off	iochalder ners	Office				Office	old.	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ugnt			Office he	eiu	

SCHEDULE F1

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

Fees Office O
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing
Lenal Services Salaries.

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: 17/44 Rpt: 22/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	03/13/2023	Constant Contact
6	Amount (\$) \$626.76	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Waltham, MA 02451
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 Email marketing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2023	CyberGhost SA
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.50	70-72 Dionisie Lupu St
		District 1
		Bucharest 10458 Romania
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VPN Software
		VI IV Sollware
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2023	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.18	901 Market St
		Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Office food
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how	to compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/44 Rpt: 23/50	Ramos, Ana-Maria (The Honorable)		00081730
4	Date	5 Payee name		·
	05/08/2023	Doordash		
6	Amount (\$)	7 Payee address; City; State; Zi	p Code	
	\$19.11	901 Market St		
		Suite 600		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Working lunch
				Tronking tanon
9	Complete ONLY if direct	Candidate/Officeholder name Office	e sought	Office held
	expenditure to benefit C/OI		J	
	Date	Payee name		
	05/09/2023	Doordash		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$13.90	901 Market St		
		Suite 600		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b)	Description
	OF	Food/Beverage Expense	, [Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	5 1		Check if Austin, TX, officeholder living expense
				Working lunch
	Complete ONLY if direct	Candidate/Officeholder name Office	o cought	Office held
	expenditure to benefit C/OI		e sought	Office field
_	Data	D		
	Date 05/15/2023	Payee name Doordash		
	Amount (\$)	Payee address; City; State; Zi	n Codo	
	\$17.87	901 Market St	p Code	
	Ψ17.07	Suite 600		
		San Francisco, CA 94103		
	PURPOSE		(6)	N. Donastination
	OF	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense) [(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Deverage Expense		Check if Austin, TX, officeholder living expense
				Working lunch
	Complete ONLY if direct expenditure to benefit C/OI		e sought	Office held
	experience 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 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: 19/44 Rpt: 24/50	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	06/12/2023	Doordash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$45.83	901 Market St	
		Suite 600	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch for team	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/09/2023	GoDaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.17	14455 N Hayden Rd	
		Suite 219	
		Scottsdale, AZ 85260	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website hosting	
	0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			_
	Date	Payee name	
	06/20/2023	GoDaddy.com	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.34	14455 N Hayden Rd	
		Suite 219	
		Scottsdale, AZ 85260	
	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.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Website hosting	
	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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/44 Rpt: 25/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/20/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.34	14455 N Hayden Rd
		Suite 219
		Scottsdale, AZ 85260
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 Website hosting
		Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gmail accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.95	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Gmail accounts
		Ginal accounts
	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 C

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: 21/44 Rpt: 26/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/03/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Gmail accounts
		Smar accounts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	D :	
	Date	Payee name
	02/01/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.95	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Gmail accounts
		Small accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Programme
	Date 02/01/2023	Payee name
		Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Gmail accounts
		Giliali accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/44 Rpt: 27/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/02/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign voicemail
_	2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.95	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Gmail accounts
		Official decoding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
	410.10	2000 / Imprianoau o Fannay
		Mountain View, CA 94043
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gmail accounts
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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			
Ļ	-	· · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1:			
L	Sch: 23/44 Rpt: 28/50	Ramos, Ana-Maria (The Honorable) 00081730		
4	Date	5 Payee name		
	04/03/2023	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$8.95	1600 Amphitheatre Parkway		
		Mountain View, CA 94043		
Ļ	DUDDOSE			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Gmail accounts		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
L				
	Date	Payee name		
	04/03/2023	Google		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$19.19	1600 Amphitheatre Parkway		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense		
		Gmail accounts		
_	0 1. 5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	,			
	Date	Payee name		
	05/01/2023	Google		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$8.95	1600 Amphitheatre Parkway		
		Mountain View, CA 94043		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
	LAFENDITURE	Check if Austin, TX, officeholder living expense		
		Gmail accounts		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	opportunities to bottom of orr			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense Pr Sa		ense es/Contract Labor	Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule F1:	2 FILER I	NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 24/44 Rpt: 29/50	Ramos	s, Ana-Maria (The Hond	rable)			0008173	0
4	Date	5 Payee	name				-	
	05/01/2023	Google						
6	Amount (\$)	7 Payee	address; City;	State; Z	Zip Code	;		
	\$19.19	1600 A	Amphitheatre Parkway					
		Mounta	ain View, CA 94043					
8	PURPOSE	(a) Catego	ry (See Categories listed at the to	on of this schedul	le) (k) Description		
	OF		Overhead/Rental Exper			`	outside of Texas. C	complete Schedule T.
	EXPENDITURE		•			ш	n, TX, officeholder li	ving expense
						Gmail accou	nts	
9	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder name	Offic	ce sough	t	Office	held
\vdash	Date	Payee i	name					
	06/01/2023	Google						
\vdash	Amount (\$)		address; City;	State; Z	7in Code	1		
	\$8.95	,	Amphitheatre Parkway	Siait, Z	-ih Code	,		
	Ф0.95	1000 F	ampiliulealie Paikway					
		Mount	ain View, CA 94043					
	PURPOSE OF		ry (See Categories listed at the to		le) (b	Description		
	EXPENDITURE	Office	Overhead/Rental Expe	nse		ш	outside of Texas. C n, TX, officeholder li	complete Schedule T.
						Gmail accou		9
							-	
\vdash	Complete ONLY if direct	L Candidat	te/Officeholder name	Offic	ce sough	t	Office	held
	expenditure to benefit C/OI				3			
H	Date	Payee	name					
	06/02/2023	Google						
	Amount (\$)		address; City;	State; Z	in Code	<u> </u>		
	\$19.19		Amphitheatre Parkway	State, Z	-ip Code	•		
	φ13.13	1000 /	impiliuleaue Faikway					
		Mounta	ain View, CA 94043					
	PURPOSE	(a) Catego	ry (See Categories listed at the to	op of this schedul	le) (b) Description		
	OF EXPENDITURE		Overhead/Rental Exper			Check if travel		complete Schedule T.
	LAFLINDITORE						n, TX, officeholder li	ving expense
						Gmail accou	II(S	
	Operation Of the Control of the Cont	0 :::	- IO#:					L-14
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Offic	ce sough	Ţ	Office	neia

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/44 Rpt: 30/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/11/2023	Grubhub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.87	111 W Washington St
		Suite 2100
		Chicago, IL 60602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for capitol visitors & staff
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
_	Date	Power name
	01/25/2023	Payee name HEB
	Amount (\$) \$123.54	Payee address; City; State; Zip Code
	Φ123.54	2301 S Congress Ave
		Austin TV 70704
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	04/18/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.21	2508 E Riverside Dr
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office food
	Operation Chilly 2. "	Overskildets/Officebalders are seen as Commission of the Commissio
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		·
1	Total pages Schedule F1: Sch: 26/44 Rpt: 31/50	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730
	301. 20/44 Kpt. 31/30	L.
4	Date	5 Payee name
	05/04/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.97	2508 E Riverside Dr
		Auctin TV 70741
		Austin, TX 78741
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense
		Office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/15/2023	HEB
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$88.60	2508 E Riverside Dr
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	06/01/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.65	2508 E Riverside Dr
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/44 Rpt: 32/50	Ramos, Ana-Maria (The Honorable)	00081730
4	Date	5 Payee name	·
	06/28/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$111.86	2508 E Riverside Dr	
		Austin, TX 78741	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office food
			Office 1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinico Hold
	Date	Payee name	
	05/16/2023	Identity Plus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$353.10	3205 Harrisburg Blvd	
	Ψ000.10	3233 Hamsburg Biva	
		Houston, TX 77003	
	DUDDOCE		
	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
			Jackets for staffers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/O	1	
	Date	Payee name	
	05/26/2023	Identity Plus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.04	3205 Harrisburg Blvd	
		Houston, TX 77003	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Jackets for staffers
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 28/44 Rpt: 33/50	Ramos, Ana-Maria (The Honorable) 00081730
4 Date	5 Payee name
02/07/2023	J-Mart Chevron
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.05	1921 N Plano Rd
	Garland, TX 75042
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
	Gasoline
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefft C/O	
Date	Payee name
02/21/2023	KCCK Enterprises
Amount (\$)	Payee address; City; State; Zip Code
\$15.60	9306 Caracas Dr
	Austin, TX 78733
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment & Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Parking
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/15/2023	Limbo Jewelry
Amount (\$)	Payee address; City; State; Zip Code
\$31.39	1708 S Congress Ave
	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
LAI LNDITORE	Check if Austin, TX, officeholder living expense
	Committee member gift
Commission Chilly if all a	Constitute (Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p - 1.13.12 12 20.10.11 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 29/44 Rpt: 34/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/05/2023	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$289.28	501 S Plano Rd
		Richardson, TX 75081
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
		\[\times \times \text{Check if Austin, TX, officeholder living expense} \] Moving supplies for Austin office
		moving cappines for Austin Sines
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/09/2023	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.65	185 Berry St
		Suite 5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Taxi
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Dougo nama
	01/03/2023	Payee name Meza, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$875.00	1217 Urban Dr
		Desoto, TX 75115
	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
		Staff salary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 30/44 Rpt: 35/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/31/2023	Meza, Patricia
6	Amount (\$) \$870.00	7 Payee address; City; State; Zip Code 1217 Urban Dr
	DUDDOCE	Desoto, TX 75115
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Meza, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$870.00	1217 Urban Dr
	, , , , , ,	
		Desoto, TX 75115
	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
		Staff salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Meza, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$870.00	1217 Urban Dr
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Desoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/21/01/12	Check if Austin, TX, officeholder living expense
		Staff salary
	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 Committe

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

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Pour 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: 31/44 Rpt: 36/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/01/2023	Meza, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$870.00	1217 Urban Dr
		Desoto, TX 75115
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 Staff salary
		Stan Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/01/2023	Meza, Patricia
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$870.00	1217 Urban Dr
	φονο.σσ	1217 Olbul Bi
		Desoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff salary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Data	Davida marra
	Date 03/31/2023	Payee name Muarerescu, Alexandra
L		
	Amount (\$) \$171.87	Payee address; City; State; Zip Code 1114 Camino La Costa
	Φ1/1.0/	
		Apt 1089
		Austin, TX 78752
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff salary
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		

SCHEDULE F1

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

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

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 Cara r ayment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/44 Rpt: 37/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	06/26/2023	National Hispanic Caucus of State Legislators
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1444 I St NW
		Suite 900
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Membership
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/10/2023	Premium Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.02	601 Poydras St
		Suite 1500
		New Orleans, LA 70130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Parking Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·
	Data	Para name
	Date 01/23/2023	Payee name Premium Parking
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	601 Poydras St
		Suite 1500
		New Orleans, LA 70130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Fxpense Check if Austin, TX, officeholder living expense
		Expense
		, and g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/44 Rpt: 38/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/04/2023	Public Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$179.00	920 Audelia Rd
	, , , , , ,	
		Richardson, TX 75081
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.00	920 Audelia Rd
		Richardson, TX 75081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Storage rental
		Storage remai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 03/03/2023	Payee name Public Storage
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.00	920 Audelia Rd
		Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage rental
	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 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	lete this forr	m.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 34/44 Rpt: 39/50	Ramos, Ana-Maria (The Honorable)		0008173	30
4	Date	5 Payee name			
	04/04/2023	Public Storage			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$235.00	920 Audelia Rd			
		D: 1			
		Richardson, TX 75081	_		
8	PURPOSE OF	, ,	Description	on f travel outside of Texas.	Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense		f Austin, TX, officeholder l	
			Storage	rental	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t	Office	e held
	experientare to benefit 6/61	'			
	Date	Payee name			
	05/03/2023	Public Storage			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$235.00	920 Audelia Rd			
		Richardson, TX 75081			
	PURPOSE OF	,) Description		Commission Coloredule T
	EXPENDITURE	Office Overhead/Rental Expense	ш	f travel outside of Texas. f Austin, TX, officeholder I	
			Storage		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office	e held
	expenditure to benefit C/Ol				
	Date	Payee name			
	06/05/2023	Public Storage			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$235.00	920 Audelia Rd			
		Richardson, TX 75081			
	PURPOSE OF	, , ,) Description		Complete Cohodula T
	EXPENDITURE	Office Overhead/Rental Expense	=	f travel outside of Texas. f Austin, TX, officeholder I	
			Storage		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office	e held
L	expenditure to benefit C/Ol	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printi Salari	Ü	se s/Contract Labor	Т	Fravel in District Fravel Out of Dis DTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3 F	iler ID	(Ethics Commission Filer	rs)
	Sch: 35/44 Rpt: 40/50		na-Maria (The Honora	able)			l	00081730		
4	Date	5 Payee name								
	02/24/2023	Rent A Hor								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code					
	\$18.00	1201 S Lar								
		Austin, TX	78704							
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Transporta	tion Equipment & Re			=			plete Schedule T.	
		Expense				Check if Austin, Parking	1, TX, 0	fficeholder living	expense	
						· arming				
9	Complete ONLY if direct	L Candidate/Off	ficeholder name	Office	 sought			Office he	ld	
	expenditure to benefit C/O						_			
	Date	Payee name								
	03/23/2023	Rent A Hor	rn							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
	\$12.00	1201 S Lar	mar Blvd							
		Austin, TX	78704							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment & Re	elated		_		of Texas. Comp fficeholder living	olete Schedule T.	
		Expense				Parking	., .,, 0	senduci livirly	Superior	
						ŭ				
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	ld	
	expenditure to benefit C/OF	4								
	Date	Payee name								
	02/06/2023	Richardsor	n ISD Council of PTA	ıS						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
	\$200.00	400 S Gree	enville Ave							
		Richardsor	n, TX 75081							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		ons/Donations Made I			<u></u>			plete Schedule T.	
		Candidate/	/Officeholder/Political	Committee		Check if Austin, Membership	i, IX, 0	fficeholder living	expense	
	Complete ONLY if direct	LCandidate/Off	ficeholder name	Office	sought			Office he		
	expenditure to benefit C/O	4			=					
_						,				

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/44 Rpt: 41/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	05/19/2023	Rose, Toni
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.00	3155 S. Lancaster Rd
		Suite 220
		Dallas, TX 75216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense Gift for committee chair
		Gilt for committee chair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/09/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$273.81	4970 US-290
		Austin, TX 78735
	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 Office food
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.51	4970 US-290
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense 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: 37/44 Rpt: 42/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	04/03/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.24	4970 US-290
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office food
		Cilide food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	05/22/2023	Sam's Club
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	4970 US-290
	φ110.00	4970 03-290
L		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office food
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/23/2023	Shell
H	Amount (\$)	Payee address; City; State; Zip Code
	\$42.34	1331 S Plano Rd
	Ψ42.54	1331 3 FIAITO NU
		Dishardoon TV 75001
		Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gasoline
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/44 Rpt: 43/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	01/26/2023	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.14	958 W University Ave
		Georgetown, TX 78626
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
		Substitute 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Douge name
	01/17/2023	Payee name State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	201 E 14th St
		Suite 950
		Austin, TX 78711
	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 TV mounting in office
		1 V modificing in office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/10/2023	Target
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$883.38	5300 S MoPac Expy
		A 15 TV 707 IO
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		-
-	Sch: 39/44 Rpt: 44/50	Ramos, Ana-Maria (The Honorable) 00081730	
4	Date	5 Payee name	
	01/03/2023	Telles, Reyne	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,575.00	2215 Post Road	
		#2003	
		Austin, TX 78704	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Austin rent & utilities	
9	Complete ONLY if direct expenditure to benefit C/OI	I Candidate/Officeholder name Office sought Office held	
	experialitare to beliefit eroi		
	Date	Payee name	
	01/31/2023	Telles, Reyne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,575.00	2215 Post Road	
		#2003	
		Austin, TX 78704	
	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	
		Austin rent & utilities	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	experiantare to benefit Groi		
	Date	Payee name	
	03/01/2023	Telles, Reyne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,575.00	2215 Post Road	
		#2003	
		Austin, TX 78704	
	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.	
		X Check if Austin, TX, officeholder living expense Austin rent & utilities	
		, addit for a dudo	
	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 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 Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 40/44 Rpt: 45/50	2 FILER NAME Ramos, Ana-Maria (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081730
4	Date 04/03/2023	5 Payee name Telles, Reyne
6	Amount (\$) \$2,575.00	7 Payee address; City; State; Zip Code 2215 Post Road #2003 Austin, TX 78704
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. X Check if Austin, TX, officeholder living expense Austin rent & utilities
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/01/2023	Payee name Telles, Reyne
	Amount (\$) \$2,757.00	Payee address; City; State; Zip Code 2215 Post Road #2003 Austin, TX 78704
	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. X Check if Austin, TX, officeholder living expense Austin rent & utilities
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/01/2023	Payee name Telles, Reyne
	Amount (\$) \$2,575.00	Payee address; City; State; Zip Code 2215 Post Road #2003 Austin, TX 78704
	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 Austin rent & utilities
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributing 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: 41/44 Rpt: 46/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/28/2023	Texas Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.94	1400 Congress Ave
		Suite E1.006
		Austin, TX 78701
8	PURPOSE	To a second seco
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Pins for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	02/27/2023	Texas Health Women's Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1100 Congress Ave
		5
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1100 Congress Ave
	φ-00.00	1100 Congress / WC
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Service		Sala		iges	/Contract Labor		OTHER (enter	a category not lis	ted above)
ᆫ		_			tion Guide 6	explains how	to com	ріе	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 42/44 Rpt: 47/50		Ramos, An	a-Maria (T	he Honora	able)					00081730)	
4	Date	5	Payee name							•			
	02/16/2023		Texas Legi		dy Group								
_	Amount (\$)	7	Payee addre			State; Zij	n Cod	_					
ľ	` '	 ′	PO Box 12		' ,	State, Zij	p Cou	C					
	\$1,000.00		PU BUX 12:	943									
			Austin, TX	78711									
8	PURPOSE	(a)	Category (S	ee Categories	isted at the top	of this schedule) (b)	Description				
	OF EXPENDITURE		Contribution							outs	de of Texas. Co	mplete Schedule	т.
	EXPENDITURE		Candidate/	Officehold	er/Political	l Committee	Э		Check if Austin	ı, TX	officeholder liv	ng expense	
									Donation				
9	Complete ONLY if direct		Candidate/Off	iceholder na	ame	Office	e sougl	ht			Office	held	
	expenditure to benefit C/OI	Н											
H	Date	Г	Payee name										
	01/05/2023		US Postal S										
L		_											
	Amount (\$)		Payee addre	•	/ ;	State; Zi	p Cod	е					
	\$60.00		1206 Apollo	Rd									
			Richardson	, TX 7508	1								
H	PURPOSE	(a)	Category (S	O-ti	:-414-1 4		. 10	b)	Description				
	OF	``	Office Over				'	-,		outs	de of Texas. Co	mplete Schedule	Г.
	EXPENDITURE		Office Over	ricaa/rtcri	iai Experie	50			Check if Austin	ı, TX	officeholder liv	ng expense	
									Postage				
Г	Complete ONLY if direct		Candidate/Off	iceholder na	ame	Office	e sougl	ht			Office	held	
	expenditure to benefit C/OI	Н											
H	Data	Г	B										
	Date		Payee name										
	06/16/2023		US Postal S	service									
	Amount (\$)		Payee addre	•	′ ;	State; Zi	p Cod	е					
	\$388.00		1206 Apollo	Rd									
			Richardson	, TX 7508	1								
\vdash	PURPOSE	(ع)					. 1	h)	Description				
	OF	(۳)	Category (S Office Over) [ω,		outs	de of Texas. Co	mplete Schedule	Т.
	EXPENDITURE		Office Over	neau/ixen	iai Expens	oc			Check if Austin			•	
									PO Box renta	al			
\vdash	Complete ONLY if direct		Candidate/Off	iceholder n	ame	Office	e sougl	ht			Office	held	
	expenditure to benefit C/OI				·- ·-	200	9	•			200	- 1	
\vdash													

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/44 Rpt: 48/50	Ramos, Ana-Maria (The Honorable) 00081730
4	Date	5 Payee name
	02/24/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.49	710 E Ben White Blvd
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davida marra
	02/24/2023	Payee name Walmart
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.29	710 E Ben White Blvd
		Austin, TX 78704
	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 Office supplies
		Office Supplies
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	05/22/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$207.84	2601 Mission St
		San Francisco, CA 94110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		vvensile
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memorials E Legal Services The Instruction Gu i			ages/	Contract Labor		Travel Out of OTHER (en		ategory not listed	above)
Ļ	T.1 C.1.1.=:	_		s mondon du	as explains in		թ.с		_			(Ed.)	· · · · · · · · · · · · · · · · · · ·
$ ^1$	Total pages Schedule F1:	ı							_	Filer ID		(Ethics Commi	ssion Filers)
L	Sch: 44/44 Rpt: 49/50		Ramos, Ana	-Maria (The Hor	norable)					0008173	30		
4	Date	5	Payee name										
	05/22/2023		Wix										
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Coc	de						
	\$16.18	l	2601 Mission		·								
	720.20			•									
L			San Francis	co, CA 94110									
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sched	dule)	(b)	Description					
l	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense			Check if travel of					
								Check if Austin,	, TX,	officeholder	living e	expense	
								Website					
9	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office	e held	d	
L	expenditure to benefit C/OI	1											
	Date		Payee name										
	05/15/2023		Yeti										
┢	Amount (\$)		Payee addres	s; City;	State:	Zip Coc	de						
	\$166.54	l	220 S Colleg		,								
	\$100.0 1		220 0 001108	<i>30 7 11 0</i>									
			>/-	0704									
			Austin, TX 7	8704									
ᆫ													
_	PURPOSE	├		e Categories listed at the	e top of this sched	dule)	(b)	Description					
	PURPOSE OF EXPENDITURE	(a)	Category (Se	e Categories listed at the		dule)	(b)	Check if travel of					
	OF	(a)	Category (Se			dule)		Check if travel of Check if Austin,					
	OF	(a)	Category (Se			dule)		Check if travel of					
	OF EXPENDITURE	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/		ense	dule)		Check if travel of Check if Austin,			living e	expense	
	OF EXPENDITURE	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
_	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
_	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	
	OF EXPENDITURE Complete ONLY if direct	(a)	Category (See Gift/Awards/	Memorials Expe	ense			Check if travel of Check if Austin,		officeholder	living e	expense	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 50/50 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ramos, Ana-Maria (The Honorable) 00081730 8 Amount (\$) 5 Name of person from whom amount is received 01/17/2023 \$36.76 Walmart 6 Address of person from whom amount is received; City; State; Zip Code Garland, TX 75040 Purpose for which amount is received Check if political contribution returned to filer Refund