

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00030098 | 2 Total pages filed: 99 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Christi L. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023 |
| | NICKNAME | LAST Craddick | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3112 Windsor Suite A, PMB 505 Austin, TX 78703 | | | Date Hand-delivered or Date Postmarked |
| | Receipt # | Amount | | |
| | Date Processed | | | |
| | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Thornton J. | MI | |
| | NICKNAME | LAST Keel | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23812 Tres Coronas Spicewood, TX 78669 | | | |
| | AREA CODE | PHONE NUMBER | EXTENSION | |
| 7 CAMPAIGN TREASURER PHONE | (512) 699-3899 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2023 | THROUGH | | Month Day Year 06/30/2023 |
| | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Railroad Commissioner | | | 12 OFFICE SOUGHT (if known) |
| | (Empty space for additional office information) | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Craddick, Christi L. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00030098

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------------|---|-----------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 622,130.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 469,601.29 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 4,054,733.76 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

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

The Honorable Christi L. Craddick

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | | |
|--|--|--------------------------------|----------------------------|
| 18 FILER NAME Craddick, Christi L. (The Honorable) | | 19 Filer ID 00030098 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 622,130.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 454,023.23 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 15,578.06 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 20,574.36 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Delton Keath (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Rising Star, TX 76471-0023 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beal, Spencer Evans (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Midland, TX 79701-5021 | |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Self |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beal Jr., Carlton E. (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Midland, TX 79701-5021 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) BTA Oil |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Gregory A. (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76102-4820 | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Jetta Operating Company, Inc. |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Kathryn B. (Mrs.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Midland, TX 79702-1149 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-2152 | 7 Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloxsom III, Allan P. (Mr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-8319 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Fort Apache Energy Inc. |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigham, Ben M. (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3502 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Executive Chairman | | Employer (See Instructions) Anthem Ventures |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrow, Janis S. (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4907 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Executive | | Employer (See Instructions) Pure Partners |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Cody C. (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-6816 | Amount of Contribution (\$) \$50,000.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Double Eagle Development LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Wilfred C. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024-6501 | 7 Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) Executive | | 9 Employer (See Instructions) Plains All American |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Harlan R. (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-3913 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Investor | | Employer (See Instructions) Self |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culp, Timothy Graham <hr/> Contributor address; City; State; Zip Code Midland, TX 79705-2687 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Southwest Royalties, Inc |
| Date 06/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code Hudson Oaks, TX 76087-3510 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Four Sevens Oil Company |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downs, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-0335 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Timothy M. (Mr.) | 7 Amount of Contribution (\$) \$50,000.00 |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79710-2268 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Crown Quest Operating LLC |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasken Management, LLC | Amount of Contribution (\$) \$15,000.00 |
| | Contributor address; City; State; Zip Code Midland, TX 79707-1631 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fontenot, Jimmie Byron (Mr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Lindale, TX 75771-5962 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Edward F (Mr.) | Amount of Contribution (\$) \$35.00 |
| | Contributor address; City; State; Zip Code Bulverde, TX 78163-2355 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez Jr., Joe (Mr.) | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77082-6843 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Novi Midstream, LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock Jr., James (Mr.) 6 Contributor address; City; State; Zip Code Meadows Place, TX 77477-1610 | 7 Amount of Contribution (\$) \$52.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Bryan (Mr.) Contributor address; City; State; Zip Code Austin, TX 78752-3602 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Self |
| Date 06/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassinger, Ann Contributor address; City; State; Zip Code Montgomery, TX 77356-7946 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, William L. (Mr.) Contributor address; City; State; Zip Code Midland, TX 79702-3728 | Amount of Contribution (\$) \$25,000.00 |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Mid-States Operating |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Jack N. (Mr.) Contributor address; City; State; Zip Code Dimmitt, TX 79027-0667 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Farmer - Auctioneer | | Employer (See Instructions) Howell Brothers |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Lorena M. 6 Contributor address; City; State; Zip Code Brownwood, TX 76801-0102 | 7 Amount of Contribution (\$) \$75.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Lynda Contributor address; City; State; Zip Code Midland, TX 79707-1631 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) General Manager | | Employer (See Instructions) Fasken Oil and Ranch |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Robert B. (Dr.) Contributor address; City; State; Zip Code Rockport, TX 78382-3711 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Joan (Ms.) Contributor address; City; State; Zip Code Liberty, TX 77575-1238 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kattner, Max E. Contributor address; City; State; Zip Code Houston, TX 77096-4424 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/21/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent, William (Mr.) | 7 Amount of Contribution (\$) \$25,000.00 |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79708-0001 | |
| 8 Principal occupation / Job title (See Instructions) Chairman/CEO | | 9 Employer (See Instructions) The Kent Companies |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Michael (Mr.) | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Marble Falls, TX 78654 | |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self Employed |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaCoe, Robert E. (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Kilgore, TX 75662-4111 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreth Jr., William A. (Mr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-2114 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanham Jr., Robert C. (Mr.) | Amount of Contribution (\$) \$50,000.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-3917 | |
| Principal occupation / Job title (See Instructions) Highway Const | | Employer (See Instructions) Williams Brothers Construction |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leach, Timothy A. (Mr.) | 7 Amount of Contribution (\$) \$5,000.00 |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79705-7433 | |
| 8 Principal occupation / Job title (See Instructions) EVP Lower 48 | | 9 Employer (See Instructions) ConocoPhillips |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leiser, Thomas A. (Mr.) | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75225-7822 | |
| Principal occupation / Job title (See Instructions) Commercial Real Estate | | Employer (See Instructions) Bandera Ventures |
| Date 06/29/2023 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00393348) Marchant Good Government Fund | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Carrollton, TX 75006-3016 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Joseph Ed (Mr.) | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Longview, TX 75605-0826 | |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) McBride Operating LLC |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Billye Jean (Mrs.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Kerrville, TX 78028-9529 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Gary D. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79701-4310 | 7 Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Reliance Energy Inc. |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLane Jr., R. Drayton (Mr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76503-0549 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) McLane Group |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuse, Kenneth (Mr.) <hr/> Contributor address; City; State; Zip Code Mc Queeney, TX 78123-3530 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Sam W. (Mr.) <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611-4545 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430-8020 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Momentum Operating Co. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pefanis, Harry N. (Mr.) | 7 Amount of Contribution (\$) \$10,000.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77005-2713 | | |
| 8 Principal occupation / Job title (See Instructions) Executive | | 9 Employer (See Instructions) Plains All American Pipeline LP |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, W. Wesley (Mr.) | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code Midland, TX 79701-4567 | | |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) E&L Resources, Inc. |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathbone, Monroe J. (Mr.) | Amount of Contribution (\$) \$25,000.00 |
| Contributor address; City; State; Zip Code Midland, TX 79707-1413 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Self |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riedel, George E. (Mr.) | Amount of Contribution (\$) \$35.00 |
| Contributor address; City; State; Zip Code Houston, TX 77062-3616 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Gricelda R. (Mrs.) | Amount of Contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code Eagle Pass, TX 78852-4413 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kirk B. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424-7743 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Oil producer/Asset Manager | | 9 Employer (See Instructions) S.K. Rogers Oil, Inc. |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351-9889 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosevelt Jr., Elliott (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-8020 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Roosevelt Resources |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77046-0890 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) rancher | | Employer (See Instructions) self |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharbauer, Douglas (Mr.) <hr/> Contributor address; City; State; Zip Code Midland, TX 79702-2888 | Amount of Contribution (\$) \$25,000.00 |
| Principal occupation / Job title (See Instructions) Investor | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scherr III, Walter J. (Mr.) | 7 Amount of Contribution (\$) \$10,000.00 |
| | 6 Contributor address; City; State; Zip Code Kingwood, TX 77345-1613 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Valence Operating |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, John A. | Amount of Contribution (\$) \$50,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-6816 | |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Double Eage Development |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd Jr., Eugene (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1412 | |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) VTX Energy Partners |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter III, Joseph H (Mr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Boerne, TX 78015-4628 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Alan (Mr.) | Amount of Contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77002-2856 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Rockcliff Energy |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77024-7425 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spreen, Lauren | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1943 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Roy H (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Lindale, TX 75771-8969 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Brett G. (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Aledo, TX 76008-0009 | |
| Principal occupation / Job title (See Instructions) The Taylor Companies | | Employer (See Instructions) Owner |
| Date 06/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Randy (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78701-4080 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Pinnergy |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tommy E. (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79707-1526 | |
| 8 Principal occupation / Job title (See Instructions) Director of Oil and Gas Development | | 9 Employer (See Instructions) Faskin Oil and Ranch LTD. |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texakoma Operating, LP | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Plano, TX 75024-6682 | |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Momentum Operating Co. |
| Date 06/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Don (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Albany, TX 76430-8028 | |
| Principal occupation / Job title (See Instructions) Oil and Gas | | Employer (See Instructions) Momentum Operating Co. |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timko, Phyllis | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77056-4117 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Joanne | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75225-8142 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallorani, Eugene A. (Mr.) | 7 Amount of Contribution (\$) \$150.00 |
| | 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-4311 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lissa Noel (Mrs.) | Amount of Contribution (\$) \$25,000.00 |
| | Contributor address; City; State; Zip Code Midland, TX 79705-4343 | |
| Principal occupation / Job title (See Instructions) Investments | | Employer (See Instructions) Self-employed |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, William G. | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Midland, TX 79702-2253 | |
| Principal occupation / Job title (See Instructions) Energy Consultant | | Employer (See Instructions) Self |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weidenkopf, Nicholas (Mr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Richardson, TX 75081-5616 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Raymond Keith | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75061-5512 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Barry A. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-4730 | 7 Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) Energy and real estate | | 9 Employer (See Instructions) Self |
| Date 06/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Donald E. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8914 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Permian Enterprises |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jack (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8517 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wygant Properties LP <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-2111 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/37 Rpt: 20/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 01/26/2023 | 5 Payee name AT&T | |
| 6 Amount (\$) \$69.79 | 7 Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/27/2023 | Payee name AT&T | |
| Amount (\$) \$69.79 | Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/27/2023 | Payee name AT&T | |
| Amount (\$) \$69.79 | Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/37 Rpt: 21/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 04/28/2023 | 5 Payee name AT&T | |
| 6 Amount (\$) \$69.60 | 7 Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 05/27/2023 | Payee name AT&T | |
| Amount (\$) \$69.60 | Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 06/27/2023 | Payee name AT&T | |
| Amount (\$) \$69.60 | Payee address; City; State; Zip Code PO Box 2969 Omaha, NE 68103-2969 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/37 Rpt: 22/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/22/2023 | 5 Payee name Ahart, Doug | |
| 6 Amount (\$) \$1,024.60 | 7 Payee address; City; State; Zip Code 113 Clover Leaf Cv Buda, TX 78610-2878 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pilot services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/21/2023 | Payee name Anedot | |
| Amount (\$) \$975.30 | Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/22/2023 | Payee name Anedot | |
| Amount (\$) \$97.80 | Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/37 Rpt: 23/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/23/2023 | 5 Payee name Anedot | |
| 6 Amount (\$) \$1,170.90 | 7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/27/2023 | Payee name Anedot | |
| Amount (\$) \$398.70 | Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2023 | Payee name Anedot | |
| Amount (\$) \$723.00 | Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 5/37 Rpt: 24/99 | 2 | FILER NAME Craddick, Christi L. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00030098 |
| 4 | Date 06/30/2023 | 5 | Payee name Anedot | | |
| 6 | Amount (\$) \$1,451.73 | 7 | Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112-5204 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/31/2023 | | Payee name Barr, Randi Celey (Ms.) | | |
| | Amount (\$) \$26,196.69 | | Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary and bonus | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/28/2023 | | Payee name Barr, Randi Celey (Ms.) | | |
| | Amount (\$) \$11,204.02 | | Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/37 Rpt: 25/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/30/2023 | 5 Payee name Barr, Randi Celey (Ms.) | |
| 6 Amount (\$) \$9,097.35 | 7 Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/30/2023 | Payee name Barr, Randi Celey (Ms.) | |
| Amount (\$) \$9,097.35 | Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/30/2023 | Payee name Barr, Randi Celey (Ms.) | |
| Amount (\$) \$9,097.35 | Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/37 Rpt: 26/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Payee name Barr, Randi Celey (Ms.) | |
| 6 Amount (\$) \$9,097.35 | 7 Payee address; City; State; Zip Code 4715 Sinclair Ave Austin, TX 78756-2818 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2023 | Payee name Castle Communications | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2023 | Payee name Castle Communications | |
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/37 Rpt: 27/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
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|-----------------------------|--|
| 4 Date 03/08/2023 | 5 Payee name Castle Communications |
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| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-------------------------------------|
| Date 05/06/2023 | Payee name Castle Communications |
|--------------------|-------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 |
|---------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 05/13/2023 | Payee name Castle Communications |
|--------------------|-------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$5,000.00 | Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 |
|---------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 9/37 Rpt: 28/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/06/2023 | 5 Payee name Castle Communications | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code Po Box 90691 Austin, TX 78709-0691 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications Consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/11/2023 | Payee name Chase Credit Card | |
| Amount (\$) \$2,035.66 | Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/11/2023 | Payee name Chase Credit Card | |
| Amount (\$) \$1,327.72 | Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 10/37 Rpt: 29/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 05/11/2023 | 5 Payee name Chase Credit Card | |
| 6 Amount (\$) \$3,290.88 | 7 Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/11/2023 | Payee name Chase Credit Card | |
| Amount (\$) \$5,359.69 | Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2023 | Payee name Chase Credit Card | |
| Amount (\$) \$2,902.41 | Payee address; City; State; Zip Code PO Box 15123 Wilmington, DE 19850-5123 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of campaign credit card bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 11/37 Rpt: 30/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 01/20/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$163.92 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/02/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 12/37 Rpt: 31/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 02/10/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$3,100.00 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Midland |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/01/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/02/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$56.73 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign shipping |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 13/37 Rpt: 32/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/14/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$218.67 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/04/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$9,842.19 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 14/37 Rpt: 33/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 04/14/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$2,380.00 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Midland |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/29/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Ft. Worth |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 15/37 Rpt: 34/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 05/11/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$2,800.00 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Midland |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/06/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$313.93 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 16/37 Rpt: 35/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/12/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$28,496.68 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/12/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$402.69 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/29/2023 | Payee name Dudley Group LLC | |
| Amount (\$) \$13,500.00 | Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 17/37 Rpt: 36/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/30/2023 | 5 Payee name Dudley Group LLC | |
| 6 Amount (\$) \$313.93 | 7 Payee address; City; State; Zip Code 1108 Lavaca St Ste 693 Austin, TX 78701-2180 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design and print forms |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/27/2023 | Payee name Erickson Demel & Co., PLLC | |
| Amount (\$) \$13,199.00 | Payee address; City; State; Zip Code 7800 N Mopac Expy Ste 105 Austin, TX 78759-8961 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Personal financial statement |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/03/2023 | Payee name Go Creative Group LLC | |
| Amount (\$) \$2,706.25 | Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 18/37 Rpt: 37/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

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| 4 Date 01/31/2023 | 5 Payee name Go Creative Group LLC |
|-----------------------------|--|

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| 6 Amount (\$) \$2,541.25 | 7 Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 |
|------------------------------------|---|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
|---------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 03/01/2023 | Payee name Go Creative Group LLC |
|--------------------|-------------------------------------|

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|---------------------------|--|
| Amount (\$) \$2,706.25 | Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 |
|---------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital consulting |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 03/27/2023 | Payee name Go Creative Group LLC |
|--------------------|-------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,706.25 | Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 |
|---------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
|-------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 19/37 Rpt: 38/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 05/06/2023 | 5 Payee name Go Creative Group LLC | |
| 6 Amount (\$) \$2,706.25 | 7 Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2023 | Payee name Go Creative Group LLC | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/25/2023 | Payee name Go Creative Group LLC | |
| Amount (\$) \$22,541.25 | Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 20/37 Rpt: 39/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/17/2023 | 5 Payee name Go Creative Group LLC | |
| 6 Amount (\$) \$22,541.25 | 7 Payee address; City; State; Zip Code 5511 Parkcrest Dr Ste 103 Austin, TX 78731-4917 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2023 | Payee name Google Services | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2023 | Payee name Google Services | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 21/37 Rpt: 40/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/06/2023 | 5 Payee name Google Services | |
| 6 Amount (\$) \$76.75 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/05/2023 | Payee name Google Services | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/05/2023 | Payee name Google Services | |
| Amount (\$) \$76.75 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 22/37 Rpt: 41/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/05/2023 | 5 Payee name Google Services | |
| 6 Amount (\$) \$86.15 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email and calendar services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/31/2023 | Payee name Hayden, Kathleen (Ms.) | |
| Amount (\$) \$184.70 | Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/28/2023 | Payee name Hayden, Kathleen (Ms.) | |
| Amount (\$) \$184.70 | Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 23/37 Rpt: 42/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/30/2023 | 5 Payee name Hayden, Kathleen (Ms.) | |
| 6 Amount (\$) \$184.70 | 7 Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/30/2023 | Payee name Hayden, Kathleen (Ms.) | |
| Amount (\$) \$184.70 | Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/30/2023 | Payee name Hayden, Kathleen (Ms.) | |
| Amount (\$) \$184.70 | Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 24/37 Rpt: 43/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Payee name Hayden, Kathleen (Ms.) | |
| 6 Amount (\$) \$184.70 | 7 Payee address; City; State; Zip Code 4818 Berkman Dr Apt 4179 Austin, TX 78723-1351 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/10/2023 | Payee name Heim, Bill | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 10312 Trout Cv Austin, TX 78749-6946 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pilot services to midland |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/14/2023 | Payee name Heim, Bill | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 10312 Trout Cv Austin, TX 78749-6946 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pilot services to Dallas |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 25/37 Rpt: 44/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
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| | |
|-----------------------------|-----------------------------------|
| 4 Date 04/29/2023 | 5 Payee name Heim, Bill |
|-----------------------------|-----------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 10312 Trout Cv Austin, TX 78749-6946 |
|------------------------------------|--|

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|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pilot services Ft. Worth |
|---------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 01/31/2023 | Payee name Hutchens, Mia |
|--------------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$461.75 | Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 02/28/2023 | Payee name Hutchens, Mia |
|--------------------|-----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$461.75 | Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 26/37 Rpt: 45/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/30/2023 | 5 Payee name Hutchens, Mia | |
| 6 Amount (\$) \$461.75 | 7 Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/30/2023 | Payee name Hutchens, Mia | |
| Amount (\$) \$461.75 | Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/30/2023 | Payee name Hutchens, Mia | |
| Amount (\$) \$461.75 | Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 27/37 Rpt: 46/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/29/2023 | 5 Payee name Hutchens, Mia | |
| 6 Amount (\$) \$461.75 | 7 Payee address; City; State; Zip Code 1122 Colorado St Ste 102 Austin, TX 78701-2101 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign related business |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2023 | Payee name Keel Systems LLC | |
| Amount (\$) \$3,541.25 | Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2023 | Payee name Keel Systems LLC | |
| Amount (\$) \$4,041.25 | Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 28/37 Rpt: 47/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/01/2023 | 5 Payee name Keel Systems LLC | |
| 6 Amount (\$) \$4,041.25 | 7 Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2023 | Payee name Keel Systems LLC | |
| Amount (\$) \$4,041.25 | Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2023 | Payee name Keel Systems LLC | |
| Amount (\$) \$4,041.25 | Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 29/37 Rpt: 48/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 06/02/2023 | 5 Payee name Keel Systems LLC |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$4,041.25 | 7 Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631 |
|------------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance software and services |
|---------------------------------|--|--|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date 03/22/2023 | Payee name McCourt Aviation Group |
|--------------------|--------------------------------------|

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|---------------------------|--|
| Amount (\$) \$4,739.70 | Payee address; City; State; Zip Code 5141 W State Hwy 71 La Grange, TX 78945 |
|---------------------------|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to midland |
|-------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------------|
| Date 01/16/2023 | Payee name Railroad Commission |
|--------------------|-----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1701 Congress Ave Austin, TX 78701-1402 |
|-------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for any inadvertent use of state resources |
|-------------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 30/37 Rpt: 49/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 01/09/2023 | 5 Payee name ReadyRefresh | |
| 6 Amount (\$) \$105.28 | 7 Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/09/2023 | Payee name ReadyRefresh | |
| Amount (\$) \$37.27 | Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/09/2023 | Payee name ReadyRefresh | |
| Amount (\$) \$94.29 | Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 31/37 Rpt: 50/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 04/10/2023 | 5 Payee name ReadyRefresh | |
| 6 Amount (\$) \$100.29 | 7 Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/10/2023 | Payee name ReadyRefresh | |
| Amount (\$) \$94.29 | Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/09/2023 | Payee name ReadyRefresh | |
| Amount (\$) \$94.29 | Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4 Louisville, KY 40258-3950 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 32/37 Rpt: 51/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 01/04/2023 | 5 Payee name Spears, Teresa | |
| 6 Amount (\$) \$7,500.00 | 7 Payee address; City; State; Zip Code PO Box 540 Cherokee Village, AR 72525-0540 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach coordinator |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/27/2023 | Payee name Spears, Teresa | |
| Amount (\$) \$7,500.00 | Payee address; City; State; Zip Code PO Box 540 Cherokee Village, AR 72525-0540 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach coordinator |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/03/2023 | Payee name Spears, Teresa | |
| Amount (\$) \$7,597.42 | Payee address; City; State; Zip Code PO Box 540 Cherokee Village, AR 72525-0540 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach coordinator |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 33/37 Rpt: 52/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 04/17/2023 | 5 Payee name TFRW Convention 2023 PAC | |
| 6 Amount (\$) \$12,500.00 | 7 Payee address; City; State; Zip Code 13740 N US 183 Hwy Ste J4 Austin, TX 78750 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2023 | Payee name Texas Federation of Republican Women PAC | |
| Amount (\$) \$253.75 | Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Patron Membership |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/01/2023 | Payee name Texas Workforce Commission | |
| Amount (\$) \$6.51 | Payee address; City; State; Zip Code PO Box 149037 Austin, TX 78714-9037 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State unemployment taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 34/37 Rpt: 53/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 04/01/2023 | 5 Payee name Texas Workforce Commission | |
| 6 Amount (\$) \$25.53 | 7 Payee address; City; State; Zip Code PO Box 149037 Austin, TX 78714-9037 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State unemployment taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/01/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$2,725.49 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/01/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$92.40 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 35/37 Rpt: 54/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 02/01/2023 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$3,242.86 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/01/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$14,686.00 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/28/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$4,035.40 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 36/37 Rpt: 55/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 03/31/2023 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$1,537.00 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1120-Pol taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/01/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$4,035.40 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/01/2023 | Payee name U.S. Treasury | |
| Amount (\$) \$4,035.40 | Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 37/37 Rpt: 56/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 06/01/2023 | 5 Payee name U.S. Treasury | |
| 6 Amount (\$) \$4,035.40 | 7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201-0001 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax withholding |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: Sch: 1/42 Rpt: 57/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|-------------------------------|
| 5 Date 04/20/2023 | 6 Payee name Amazon |
|-----------------------------|-------------------------------|

| | |
|--------------------------------|---|
| 7 Amount (\$) \$9.73 | 8 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108-1300 |
|--------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 04/20/2023 | Payee name Amazon |
|--------------------|----------------------|

| | |
|-------------------------|--|
| Amount (\$) \$345.25 | Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108-1300 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 2/42 Rpt: 58/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 06/15/2023 | 6 Payee name American Airlines |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$468.20 | 8 Payee address; City; State; Zip Code 4255 Amon Carter Blvd Fort Worth, TX 76155-2603 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plane tickets |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 02/09/2023 | Payee name Basin Aviation |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$252.00 | Payee address; City; State; Zip Code PO Box 50547 Midland, TX 79710-0547 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: Sch: 3/42 Rpt: 59/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 03/01/2023 | 6 Payee name Blackbird Floral |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$232.74 | 8 Payee address; City; State; Zip Code https://www.blackbirdfloral.com/ Austin, TX 78701 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for Event |
|----------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 04/12/2023 | Payee name Botanical Boutique |
|--------------------|----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$146.13 | Payee address; City; State; Zip Code 200 Spring Park Dr Ste 303 Midland, TX 79705-4645 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for event |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
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| | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: Sch: 4/42 Rpt: 60/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 04/13/2023 | 6 Payee name Business Jet Center |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$463.00 | 8 Payee address; City; State; Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for flight |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 01/06/2023 | Payee name C Baldwin Hotel |
|--------------------|-------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 400 Dallas St Houston, TX 77002-4777 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and meal |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
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| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
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)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: Sch: 5/42 Rpt: 61/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 01/06/2023 | 6 Payee name C Baldwin Hotel |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$14.17 | 8 Payee address; City; State; Zip Code 400 Dallas St Houston, TX 77002-4777 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and meal |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 04/27/2023 | Payee name CFW Parking |
|--------------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$2.00 | Payee address; City; State; Zip Code 200 Texas St Fort Worth, TX 76102-6314 |
|-----------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Street parking |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 6/42 Rpt: 62/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------------|
| 5 Date 04/27/2023 | 6 Payee name Capital Grille |
|-----------------------------|---------------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$162.85 | 8 Payee address; City; State; Zip Code 601 Pennsylvania Ave NW Washington, DC 20004-2601 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office holder business meeting |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 05/17/2023 | Payee name Cutter Aviation |
|--------------------|-------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$527.00 | Payee address; City; State; Zip Code 10440 John Cape Rd Ste 101 San Antonio, TX 78216-4101 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for flight |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: Sch: 7/42 Rpt: 63/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 04/27/2023 | 6 Payee name Dell Computer |
|-----------------------------|--------------------------------------|

| | |
|------------------------------------|--|
| 7 Amount (\$) \$1,103.05 | 8 Payee address; City; State; Zip Code 1 Dell Way Round Rock, TX 78682-7000 |
|------------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign computer equipment |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 01/29/2023 | Payee name EFAQ Services |
|--------------------|-----------------------------|

| | |
|------------------------|--|
| Amount (\$) \$18.99 | Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 8/42 Rpt: 64/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 03/01/2023 | 6 Payee name EFAX Services |
|-----------------------------|--------------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$18.99 | 8 Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 03/29/2023 | Payee name EFAX Services |
|--------------------|-----------------------------|

| | |
|------------------------|--|
| Amount (\$) \$18.99 | Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 9/42 Rpt: 65/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|---|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 04/29/2023 | 6 Payee name EFAX Services |
|-----------------------------|--------------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$18.99 | 8 Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 05/29/2023 | Payee name EFAX Services |
|--------------------|-----------------------------|

| | |
|------------------------|--|
| Amount (\$) \$18.99 | Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 10/42 Rpt: 66/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--------------------------------------|
| 5 Date 06/29/2023 | 6 Payee name EFAX Services |
|-----------------------------|--------------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$18.99 | 8 Payee address; City; State; Zip Code 6922 Hollywood Blvd Fl 5 Los Angeles, CA 90028-6125 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FAX Service |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 03/30/2023 | Payee name Four Seasons Hotel Austin |
|--------------------|---|

| | |
|------------------------|--|
| Amount (\$) \$21.00 | Payee address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701-4082 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for campaign meeting |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 11/42 Rpt: 67/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 04/26/2023 | 6 Payee name Go Rentals Dallas |
|-----------------------------|--|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$63.76 | 8 Payee address; City; State; Zip Code 8611 Lemmon Ave Dallas, TX 75209-1614 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local transportation for meeting |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 04/26/2023 | Payee name Go Rentals Fort Worth |
|--------------------|-------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$82.08 | Payee address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106-2782 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local transportation for meeting |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 12/42 Rpt: 68/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|------------------------------------|
| 5 Date 01/18/2023 | 6 Payee name Godaddy.com |
|-----------------------------|------------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$193.36 | 8 Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260-6993 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domains names |
|----------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 05/26/2023 | Payee name Godaddy.com |
|--------------------|---------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$320.84 | Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260-6993 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domains names |
|------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 13/42 Rpt: 69/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|------------------------------|
| 5 Date 03/21/2023 | 6 Payee name Hertz |
|-----------------------------|------------------------------|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$111.03 | 8 Payee address; City; State; Zip Code 7212 Cedar Springs Rd Dallas, TX 75235-2810 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local transportation for meeting |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------|
| Date 05/09/2023 | Payee name Hertz |
|--------------------|---------------------|

| | |
|-------------------------|--|
| Amount (\$) \$127.37 | Payee address; City; State; Zip Code 7212 Cedar Springs Rd Dallas, TX 75235-2810 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local transportation for meeting |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 14/42 Rpt: 70/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 02/28/2023 | 6 Payee name Hyatt Regency Austin |
|-----------------------------|---|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$12.58 | 8 Payee address; City; State; Zip Code 208 Barton Springs Rd Austin, TX 78704-1211 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for campaign meeting in Austin |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 01/01/2023 | Payee name Intuit Payroll |
|--------------------|------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$44.45 | Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 15/42 Rpt: 71/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------------|
| 5 Date 02/01/2023 | 6 Payee name Intuit Payroll |
|-----------------------------|---------------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$44.45 | 8 Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 03/01/2023 | Payee name Intuit Payroll |
|--------------------|------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$44.45 | Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 16/42 Rpt: 72/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---------------------------------------|
| 5 Date 04/01/2023 | 6 Payee name Intuit Payroll |
|-----------------------------|---------------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$44.45 | 8 Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 05/01/2023 | Payee name Intuit Payroll |
|--------------------|------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$60.76 | Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 17/42 Rpt: 73/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---------------------------------------|
| 5 Date 06/01/2023 | 6 Payee name Intuit Payroll |
|-----------------------------|---------------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$60.76 | 8 Payee address; City; State; Zip Code PO Box 7850 Mountain View, CA 94039-7850 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll services |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 03/08/2023 | Payee name Lakeway Aviation |
|--------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,036.58 | Payee address; City; State; Zip Code 13204 Country Trails Ln Austin, TX 78732-2079 |
|---------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Midland |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 18/42 Rpt: 74/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 05/11/2023 | 6 Payee name Lakeway Aviation |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 7 Amount (\$) \$1,062.49 | 8 Payee address; City; State; Zip Code 13204 Country Trails Ln Austin, TX 78732-2079 |
|------------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight to Midland |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 06/13/2023 | Payee name Marriott Houston |
|--------------------|--------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$336.74 | Payee address; City; State; Zip Code 5150 Westheimer Rd Houston, TX 77056-5506 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Lodging | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 19/42 Rpt: 75/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 01/04/2023 | 6 Payee name Microsoft |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$64.80 | 8 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 02/04/2023 | Payee name Microsoft |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$64.80 | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 20/42 Rpt: 76/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|----------------------------------|
| 5 Date 03/05/2023 | 6 Payee name Microsoft |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$64.80 | 8 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 04/04/2023 | Payee name Microsoft |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$64.80 | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 21/42 Rpt: 77/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 05/04/2023 | 6 Payee name Microsoft |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$64.80 | 8 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 06/04/2023 | Payee name Microsoft |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$64.80 | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| |
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| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 22/42 Rpt: 78/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 02/09/2023 | 6 Payee name Million Air Austin |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$986.70 | 8 Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 03/21/2023 | Payee name Million Air Austin |
|--------------------|----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$896.72 | Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 23/42 Rpt: 79/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 04/14/2023 | 6 Payee name Million Air Austin |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$571.65 | 8 Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 04/27/2023 | Payee name Million Air Austin |
|--------------------|----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$426.60 | Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| |
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| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 24/42 Rpt: 80/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|---|
| 5 Date 04/28/2023 | 6 Payee name Million Air Austin |
|-----------------------------|---|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$80.00 | 8 Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 05/10/2023 | Payee name Million Air Austin |
|--------------------|----------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$169.05 | Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 25/42 Rpt: 81/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 05/10/2023 | 6 Payee name Million Air Austin |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$614.28 | 8 Payee address; City; State; Zip Code 4801 Emma Browning Ave Austin, TX 78719 |
|----------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 04/01/2023 | Payee name Miss Red's Place |
|--------------------|--------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$604.50 | Payee address; City; State; Zip Code 211 Clark Cv Buda, TX 78610-3141 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Business Meeting |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 26/42 Rpt: 82/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-------------------------------------|
| 5 Date 05/09/2023 | 6 Payee name Mulbery Cafe |
|-----------------------------|-------------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$326.57 | 8 Payee address; City; State; Zip Code 2101 W Wadley Ave Ste 8 Midland, TX 79705-6436 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and meal |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 01/06/2023 | Payee name Numberbarn |
|--------------------|--------------------------|

| | |
|------------------------|--|
| Amount (\$) \$15.16 | Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 27/42 Rpt: 83/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 02/06/2023 | 6 Payee name Numberbarn |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$15.16 | 8 Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 03/06/2023 | Payee name Numberbarn |
|--------------------|--------------------------|

| | |
|------------------------|--|
| Amount (\$) \$15.16 | Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 28/42 Rpt: 84/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 04/06/2023 | 6 Payee name Numberbarn |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$15.16 | 8 Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 05/07/2023 | Payee name Numberbarn |
|--------------------|--------------------------|

| | |
|------------------------|--|
| Amount (\$) \$15.16 | Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 29/42 Rpt: 85/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 06/06/2023 | 6 Payee name Numberbarn |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$15.16 | 8 Payee address; City; State; Zip Code Po Box 3 Poway, CA 92074-0003 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office number upkeep |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 06/07/2023 | Payee name Pak Mail |
|--------------------|------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$301.08 | Payee address; City; State; Zip Code 3112 Windsor Rd Ste A Austin, TX 78703-2350 |
|-------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailbox rental #505 |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 30/42 Rpt: 86/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 04/13/2023 | 6 Payee name RWMOT Food |
|-----------------------------|-----------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$103.35 | 8 Payee address; City; State; Zip Code 2821 Turtle Creek Blvd Dallas, TX 75219-4898 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and meal |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------|
| Date 03/21/2023 | Payee name Rosa's Cafe |
|--------------------|---------------------------|

| | |
|------------------------|---|
| Amount (\$) \$34.93 | Payee address; City; State; Zip Code 903 Andrews Hwy Midland, TX 79701-3822 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign business meeting |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 31/42 Rpt: 87/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|--|
| 5 Date 04/04/2023 | 6 Payee name Sheraton Austin Hotel |
|-----------------------------|--|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$20.00 | 8 Payee address; City; State; Zip Code 701 E 11Th St Austin, TX 78701-2622 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for campaign meeting |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 01/30/2023 | Payee name Spectrum |
|--------------------|------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$108.02 | Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|-------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 32/42 Rpt: 88/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 03/02/2023 | 6 Payee name Spectrum |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$108.02 | 8 Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 03/30/2023 | Payee name Spectrum |
|--------------------|------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$108.02 | Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 33/42 Rpt: 89/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 04/30/2023 | 6 Payee name Spectrum |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$108.02 | 8 Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 05/30/2023 | Payee name Spectrum |
|--------------------|------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$108.02 | Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|-------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 34/42 Rpt: 90/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---------------------------------|
| 5 Date 06/29/2023 | 6 Payee name Spectrum |
|-----------------------------|---------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$108.02 | 8 Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign telephone |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 06/02/2023 | Payee name Texas Federation of Republican Women PAC |
|--------------------|--|

| | |
|-------------------------|--|
| Amount (\$) \$409.54 | Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Patron Membership |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 35/42 Rpt: 91/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 06/13/2023 | 6 Payee name Texas Federation of Republican Women PAC |
|-----------------------------|---|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$77.12 | 8 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Fee |
|----------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 04/27/2023 | Payee name Texas Jet |
|--------------------|-------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$410.00 | Payee address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106-2782 |
|-------------------------|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for plane |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 36/42 Rpt: 92/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|--|
| 5 Date 01/26/2023 | 6 Payee name The Capitol Grill |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$33.16 | 8 Payee address; City; State; Zip Code 1400 Congress Ave Ste E1 Austin, TX 78701-1993 |
|---------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and meal |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 02/07/2023 | Payee name The Capitol Grill |
|--------------------|---------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$30.98 | Payee address; City; State; Zip Code 1400 Congress Ave Ste E1 Austin, TX 78701-1993 |
|------------------------|---|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting and Meal |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 37/42 Rpt: 93/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|-----------|

| | |
|-----------------------------|--|
| 5 Date 04/27/2023 | 6 Payee name Town Parke 2169 |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 7 Amount (\$) \$9.00 | 8 Payee address; City; State; Zip Code 12550 Country Trails Ln Austin, TX 78732 |
|--------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 02/20/2023 | Payee name Twin Liquors |
|--------------------|----------------------------|

| | |
|------------------------|--|
| Amount (\$) \$54.11 | Payee address; City; State; Zip Code 5639 Airport Blvd Austin, TX 78751-1412 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverages for event |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 38/42 Rpt: 94/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|-----------------------------------|
| 5 Date 02/04/2023 | 6 Payee name UT Parking |
|-----------------------------|-----------------------------------|

| | |
|--------------------------------|---|
| 7 Amount (\$) \$4.00 | 8 Payee address; City; State; Zip Code PO Box 7546 Austin, TX 78713-7546 |
|--------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for campaign meeting |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------|
| Date 04/28/2023 | Payee name Uber.com |
|--------------------|------------------------|

| | |
|------------------------|---|
| Amount (\$) \$30.73 | Payee address; City; State; Zip Code 1455 Market St Fl 4 San Francisco, CA 94103-1355 |
|------------------------|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ground transportation for office holder event in Irving |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 39/42 Rpt: 95/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 01/16/2023 | 6 Payee name WP Engine |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$67.15 | 8 Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 02/16/2023 | Payee name WP Engine |
|--------------------|-------------------------|

| | |
|------------------------|--|
| Amount (\$) \$67.15 | Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
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| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 40/42 Rpt: 96/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 03/16/2023 | 6 Payee name WP Engine |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$67.15 | 8 Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 04/16/2023 | Payee name WP Engine |
|--------------------|-------------------------|

| | |
|------------------------|--|
| Amount (\$) \$67.15 | Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 41/42 Rpt: 97/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|----------------------------------|
| 5 Date 05/16/2023 | 6 Payee name WP Engine |
|-----------------------------|----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$67.15 | 8 Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|---------------------------------|---|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|----------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 06/16/2023 | Payee name WP Engine |
|--------------------|-------------------------|

| | |
|------------------------|--|
| Amount (\$) \$67.15 | Payee address; City; State; Zip Code 60 29Th St # 343 San Francisco, CA 94110-4929 |
|------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
|--|
| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 42/42 Rpt: 98/99 | 2 FILER NAME Craddick, Christi L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00030098 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 01/28/2023 | 6 Payee name Young Conservatives of Texas |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$316.00 | 8 Payee address; City; State; Zip Code PO Box 1888 Rowlett, TX 75030-1888 |
|----------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|--|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention support |
|----------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 99/99 |
| 2 FILER NAME Craddick, Christi L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00030098 |
| 4 Date 01/19/2023 | 5 Name of person from whom amount is received Chase Credit Card | 8 Amount (\$) \$3,193.27 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Wilmington, DE 19850 | |
| | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bonus points used in payment of campaign credit card bill | |
| Date 06/30/2023 | Name of person from whom amount is received RBC Wealth Management | Amount (\$) \$17,381.09 |
| | Address of person from whom amount is received; City; State; Zip Code Midland, TX 79701 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer End of period value adjustment | |