FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 50 00069719 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY** OFFICEHOLDER The Honorable Ramon NAME Date Received

OFFICEHOLDER MAILING ADDRESS Charge of Address Fort Worth, TX 76101 MS / MRS / MR FIRST Allicia MIS. Allicia NICKNAME LAST Duran 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE TOTAL MAILING TOTAL M								Į E	ELECTRONICALLY FILED					
ADDRESS / PO BOX; APT / SUITE #; CITY; DBOX 181 ADDRESS / PO BOX 181 PO BOX 181 FOR Worth, TX 76101 MS / MRS / MR FIRST NAME MS / MRS / MR MS / MRS / MRS / MR MS / MRS			NICKNAME	LAST			SUFFIX		07/17/2023					
OFFICEHOLDER MAILING ADDRESS Charge of Address Fort Worth, TX 76101 Receipt 3				Rome	ero		Jr.							
MAILING ADDRESS Charpe of Address Fort Worth, TX 76101 Calle Processed Date Insignor	4		ADDRESS / PO BOX;	APT / SUITE	#; CITY;		ZIP CODI	E C	Date Hand-delivered	or Date Po	ostmarked			
ADDRESS Change of Address Fort Worth, TX 76101 TREASURER NAME Mrs. Alicia NICKNAME LAST Duran 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Fort Worth, TX 76103 For			PO BOX 181											
CAMPAIGN TREASURER NMS / MRS / MR				F	Receipt #	Amo	unt							
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Alicia NICKNAME LAST SUFFIX Duran 5 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE ADDRESURED ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER (B17) 917-5819 8 REPORT TYPE ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE ADDRESS (Residence or Business) 9 PERIOD (B17) 917-5819 9 PERIOD Month Day Year Sulvival Month Day Year O1/01/2023 THROUGH O6/30/2023 10 ELECTION ELECTION DATE Month Day Year Sulvival Special Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant GO TO PAGE 2		Change of Address	Fort Worth, TX 7610	1				ŀ	Oato Processed					
S CAMPAIGN TREASURER NAME Mrs.		_						ا	Date Processed					
Mrs. Alicia NICKNAME LAST SUFFIX Duran 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 3320 View St Fort Worth, TX 76103 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE									Date Imaged					
Mrs. Alicia NICKNAME LAST SUFFIX Duran 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 3320 View St Fort Worth, TX 76103 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE	L													
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Duran Duran			Mrs.	Alicia										
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6 CAMPAIGN TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE 1 January 15 30th day before election Sth day before election Exceeded modified Final Report (Attach C/OH-FR)			NICKNAME				SUFFIX							
TREASURER ADDRESS (Residence or Business) Fort Worth, TX 76103 7 CAMPAIGN TREASURER PHONE (817) 917-5819 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) X July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year Month Day Year O1/01/2023 THROUGH 06/30/2023 10 ELECTION ELECTION DATE Month Day Year Runoff Other Other Other				Duran										
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Fort Worth, TX 76103 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE January 15 30th day before election Exceeded modified priority limit 9 PERIOD COVERED Month Day Year 01/01/2023 THROUGH Month Day Year 01/01/2024 Primary General 12 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant Fort Worth, TX 76103 RECOND RELECTION APPER STATE ST			3320 VIEW St											
7 CAMPAIGN TREASURER PHONE (817) 917-5819 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) X July 15 8th day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year Month Day Year O1/01/2023 THROUGH O6/30/2023 10 ELECTION DATE Month Day Year X Primary Runoff Other Other O3/05/2024 General Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant State Representative District 90		(Residence or Business)		•										
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REASURER PHONE 8 REPORT TYPE January 15														
8 REPORT TYPE January 15 State Representative District 90 8 REPORT TYPE January 15 Stort Aday before election Runoff Exceeded modified reporting limit Exceeded modified reporting limit Final Report (Attach C/OH-FR) Final Report (Attach C/OH-F	7		AREA CODE	PHONE NUM	BER EXTENS	ION								
8 REPORT TYPE January 15 State Representative District 90 January 15 January 15 State Representative District 90 January 15 State Representative District 90 January 15 State Representative District 90 Runoff Runoff Runoff Runoff Runoff Runoff State Representative District 90 Runoff Runoff Runoff Runoff State Representative District 90 Runoff Runoff Runoff State Representative District 90 Runoff Runoff State Runoff State Representative District 90 Runoff Runoff State Runoff State Representative District 90 Runoff State Runoff State Representative District 90			(817) 917-5819											
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State Representative District 90 Tarrant State Representative District 90 State	8		lanuary 15	☐ 20th	day before election		upoff	\Box	15th day after o	ampaign	troacuror			
9 PERIOD COVERED Month Day Year O1/01/2023 THROUGH O6/30/2023 10 ELECTION DATE Month Day Year O3/05/2024 ELECTION TYPE Month Day Year O3/05/2024 Representative District 90 Tarrant Primary State Representative District 90 GO TO PAGE 2		=	January 15	3001	day before election	ЦΥ	unon	Ш	appointment (o	ficeholde	r only)			
9 PERIOD COVERED Month Day Year 01/01/2023 THROUGH Month Day Year 06/30/2023 10 ELECTION DATE Month Day Year 03/05/2024 Primary Runoff Other Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant GO TO PAGE 2			X July 15	8th d	ay before election				Final Report (A	ttach C/O	H-FR)			
THROUGH O6/30/2023 THROUGH O6/30/2023 10 ELECTION DATE Month Day Year O3/05/2024 General Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant GO TO PAGE 2							porting innit							
10 ELECTION DATE Month Day Year 03/05/2024 Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant GO TO PAGE 2	9			Year	TUDQUQ			-	Year					
Month Day Year O3/05/2024 Special Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant State Representative District 90 GO TO PAGE 2		COVERED	01/01/2023		THROUGH	1	06/30/2	2023						
Month Day Year O3/05/2024 Special Special 11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant State Representative District 90 GO TO PAGE 2	10	FLECTION	FI ECTION DA	TE T			ELECTION TYPE							
O3/05/2024 General Special Special OFFICE HELD (if any) State Representative District 90 Tarrant State Representative District 90 Tarrant GO TO PAGE 2	٦	LLLOTION		1	χ Primary			-	Other					
11 OFFICE OFFICE HELD (if any) State Representative District 90 Tarrant State Representative District 90 GO TO PAGE 2			03/05/2024				☐ Special							
State Representative District 90 Tarrant State Representative District 90 GO TO PAGE 2					General		Special							
State Representative District 90 Tarrant State Representative District 90 GO TO PAGE 2	11	OFFICE	OFFICE HELD (if any)			1.	12 OFFICE SOUR	SHT (if	known)					
GO TO PAGE 2				e District 90 1										
	一		<u> </u>											
					GO TO PAG	GE 2								
		rms provided by Te	vas Ethics Commissio	n	www.ethics.sta				\/ <u>@r</u>	ion \/3	5.1 a186a26a			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Romero Jr., Ramon (The Honorable)	14 Filer ID (00069719	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been ma officeholders are required to report this	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
16 CONTRIBUTION TOTALS	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	G OF LOANS)	\$ 1.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,662.34
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 55,940.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	S OF THE LAST DAY OF THE	\$ 129,324.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			inder penalty of perjury, that the acc d includes all information required to tion Code.	
			The Honorable Ramon Romero	Jr.
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal o	of office.	
Signature of office	cer administering	Printed name of officer administer	ring Title of officer	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 50 19 Filer ID (Ethics Commission Filers) Romero Jr., Ramon (The Honorable) 00069719 SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	- 1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/50
2	FILER NAME Romero Jr., Ramon (The Honorable)	- 1	Filer ID (Ethics Commission Filers) 00069719
4	Date 06/19/2023 5 Full name of contributor out-of-state PAC (ID#:) Bylo Chacon, Jessica 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$1.00
8	Berkeley, CA 94704 Principal occupation / Job title (See Instructions) not employed 9 Employer (See Instruction not employed)	ns)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Office Overhead/Rental Expense age Expense Polling Expense (Memorials Expense Printing Expense				Travel in District Travel Out of Dis	quipment & Related Expense
_	Total marca Cabadula F1.	2 FILED NAM		e explains now to	ООПІРІ		1_	Files ID	(Ethica Commission Filora)
1	Total pages Schedule F1: Sch: 1/46 Rpt: 5/50		∟ ., Ramon (The Hor	norable)			3	Filer ID 00069719	(Ethics Commission Filers)
4	Date	5 Payee name	2						
	03/31/2023		Catholic Church						
6	Amount (\$) \$250.00	7 Payee addro 214 NW 20		State; Zip	Code				
8	PURPOSE OF	(a) Category (s	See Categories listed at the		(b)	Description	outei	de of Texas. Com	olata Schadula T
	EXPENDITURE		ns/Donations Mad /Officeholder/Politio				, TX,	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name	9						
	01/03/2023	Amazon							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$53.02	410 Terry <i>i</i> Seattle, W							
	PURPOSE OF EXPENDITURE		Onice Overneau/Nerital Expense					de of Texas. Composition officeholder living	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name	9						
	02/15/2023	Amazon							
	Amount (\$) \$70.34	Payee addre		State; Zip	Code				
		Seattle, W	A 98109						
	PURPOSE OF EXPENDITURE	·	See Categories listed at the rhead/Rental Expe		(b)		, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office he	eld
	rms provided by Tayas F			w athics state t					Version V2 5 1 a18ea2ca

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:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 2/46 Rpt: 6/50		Romero Jr., Ramon (The Honorable)		00069719							
4	Date	5	Payee name		-							
	03/13/2023		Amazon									
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode								
	\$53.03		410 Terry Ave N									
			Seattle, WA 98109									
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EVENDITURE	ļ` <i>`</i>	Office Overhead/Rental Expense	 `	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE		·		Check if Austin, TX, officeholder living expense							
					office supplies							
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held							
		_										
	Date		Payee name									
	04/26/2023		Amazon									
	Amount (\$)		Payee address; City; State; Zip Co	ode								
	\$41.76		410 Terry Ave N									
			Seattle, WA 98109									
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.							
					Check if Austin, TX, officeholder living expense office supplies							
					unice supplies							
_	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	ıaht	Office held							
	expenditure to benefit C/OI		our inductor of most real markets of most soci	.g	o moo nota							
-	Date	Т	Davies name									
	06/22/2023		Payee name Arias-Bryant, Jacqueline									
		┞										
	Amount (\$) \$500.00		Payee address; City; State; Zip Co 8001 S Interstate 35	oue								
	φ300.00											
			Apt 1828									
			Austin, TX 78744									
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description							
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
					contract labor for campaign services							
					. •							
H	Complete ONLY if direct	_	Candidate/Officeholder name Office sou	ıght	Office held							
	expenditure to benefit C/OI	Н		-								
H												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

rrsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Labor OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/46 Rpt: 7/50	Romero Jr., Ramon (The Honorable) 00069719
4 Date	5 Payee name
06/09/2023	Arredondo, Gabriel
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3222 NW Loraine St
	Fort Worth, TX 76106
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense North Side High School and JP Elder Middle School 5k sponsorship
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2023	Buenos Aires Cafe
Amount (\$)	Payee address; City; State; Zip Code
\$81.85	1201 E 6th Street
	Austin, TX 78702
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	meeting to discuss officeholder issues
	incoming to discuss officeriolider issues
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/24/2023	Capitol Gift Shop
Amount (\$)	Payee address; City; State; Zip Code
\$62.79	1201 San Jacinto Blvd
	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense gift for constituent
	gittorconstituent
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment		The Instruction Guide explains how to com	nple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/46 Rpt: 8/50		Romero Jr., Ramon (The Honorable)		00069719
4	Date	5	Payee name		
	05/25/2023		Capitol Gift Shop		
6	Amount (\$)	7	Payee address; City; State; Zip Cod	de	
	\$54.13		1201 San Jacinto Blvd		
			Austin, TX 78701		
8	PURPOSE	(a)	,	(b)	Description
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					gift for constituent
					3
9	Complete ONLY if direct		Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	Н	· ·		
	Date	Π	Payee name		
	06/23/2023		Capitol Gift Shop		
_	Amount (\$)	H	Payee address; City; State; Zip Cod	de	
	\$59.54		1201 San Jacinto Blvd		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense constituent gift
					constituent gilt
	Complete ONLY if direct		L Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	Н		-	
	Date		Payee name		
	03/13/2023		Central Market		
	Amount (\$)	H	Payee address; City; State; Zip Cod	de	
	\$104.35		4477 S Lamar Blvd		
			Austin, TX 78745		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					office supplies
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office soug	nh+	Office hold
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office soug	JIIL	Office held
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 5/46 Rpt: 9/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/29/2023	Central Market
6	Amount (\$) \$51.57	7 Payee address; City; State; Zip Code 4477 S Lamar Blvd Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2023	Chartwells
	Amount (\$)	Payee address; City; State; Zip Code
	\$285.00	620 Central Avenue
		Denton, TX 76203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch for Diamond Hill seniors college tour
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	02/13/2023	Chris Nettles for Fort Worth City Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 19254
		Fort Worth, TX 76119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense contribution to campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 6/46 Rpt: 10/50	Romero Jr	., Ramon (The Hond	orable)				00069719		
4	Date	5 Payee name)							
	04/03/2023	Cirkut Pan	oramic Photographs	5						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$511.00	PO Box 99								
		Hillsboro, \	VV 24946							
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise		므		ide of Texas. Com , officeholder living		
						member pand			j experise	
						momoo pana		p		
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
F	Date	Payee name								
	01/26/2023	Clark's Oys	ster Bar							
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$260.00	1200 w 6th	St							
		Austin, TX	78703							
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=		ide of Texas. Com		
								, officeholder living USS officehol		
						meeting to all	300	355 Officerion	uci 133uc3	
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
F	Date	Payee name								
	03/03/2023	Clark's Oys	ster Bar							
Г	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$190.00	1200 w 6th	St							
		Austin, TX	78703							
Г	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense					ide of Texas. Com		
	EXI ENDITORE					Check if Austin, meeting to dis		, officeholder living		
						meeting to dis	الان	,55 OHICEHUI	uci 133UC3	
\vdash	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/OI			255 500	- g			200 11		
\vdash										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/46 Rpt: 11/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/04/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.25	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service
		Cital Scivice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/06/2023	Constant Contact
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$133.25	1601 Trapelo Rd
	¥200.20	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email service
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/06/2023	Constant Contact
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$133.25	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service
		Citial Scivice
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Git/Awards/Memoriai Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed	above)			
	Credit Card Payment			The Instruction G	Guide explains h	ow to co	mple	ete this form.							
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)			
	Sch: 8/46 Rpt: 12/50		Romero Jr.,	Ramon (The F	Honorable)					00069719					
4	Date	5	Payee name												
	04/04/2023		Constant Co	ntact											
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de								
٠	\$133.25	ı	1601 Trapel		otate,	2.p 00	uc								
	Ψ100.20														
			\	A 02451											
		⊢	Waltham, M			1									
8	PURPOSE OF			e Categories listed at		dule)	(b)	Description							
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			=		de of Texas. Com officeholder living	plete Schedule T.				
								email service			g oxponed				
9	Complete ONLY if direct	C	andidate/Offic	ceholder name	0	ffice sou	aht			Office he	eld				
	expenditure to benefit C/OI														
_	Date	Π	Payee name												
	05/04/2023	1	Constant Co	ntact											
	Amount (\$)	—	Payee addres		Stato:	Zip Co	do								
	\$133.25	ı	1601 Trapel	-	State,	Zip Co	ue								
	Ψ133.23		1001 Hapei	o Ru											
			\	A 00454											
		├	Waltham, M												
	PURPOSE OF			e Categories listed at		dule)	(b)	Description	to:	do of Toyon Com	volete Cebedule T				
	EXPENDITURE		Office Overficad/Nertial Experise							Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								email service		·	•				
	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	ght			Office he	eld				
	expenditure to benefit C/OI	Н													
	Date		Payee name												
	06/05/2023		Constant Co	ntact											
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de								
	\$133.25		1601 Trapel	-	•	•									
			Waltham, M	A 02451											
	PURPOSE	-		e Categories listed at	Al A	-tut-A	(h)	Description							
	OF			e Calegories listed at 1ead/Rental Ex		edule)	(~)		outsi	de of Texas. Com	plete Schedule T.				
	EXPENDITURE				.,			Check if Austin,	TX,	officeholder living	g expense				
								email service							
	Complete ONLY if direct		andidate/Offic	eholder name	O	ffice sou	ght			Office h	eld				
	expenditure to benefit C/OI														

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Legal Services Frinting Expense Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)				
				The Instruction G	uide explains hov	w to con	nple	te this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	on Filers)		
	Sch: 9/46 Rpt: 13/50		Romero Jr.,	Ramon (The H	onorable)					00069719				
4	Date	5	Payee name											
	02/14/2023		Contreras, C	Gerardo										
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de							
	\$158.08		2211 McKin			p								
	,			,										
			Fort Worth,	TV 76164										
Ļ	DUDD 005	_				- 1	<i>a</i> >							
8	PURPOSE OF	(a)		e Categories listed at t	ne top of this schedu	ile)	(b)	Description	otoi	de of Toyon Com	onlete Cabadula T			
	EXPENDITURE		Food/Bever	age Expense				=		officeholder living	nplete Schedule T. n expense			
								—			er constituent o	ıroup		
								-						
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	eld			
	expenditure to benefit C/OI	Н												
H	Date		Payee name											
	03/08/2023		Contreras, N	∕/aria										
	Amount (\$)		Payee address		State; Z	Zin Coc	40							
	\$800.00		2106 Cancu		State, 2	zip Coc	JE							
	Φ000.00		2100 Caricu	III DI										
			Mansfield, T	X 76063										
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ile)	(b)	Description						
	EXPENDITURE		Salaries/Wa	dianes/ Wages/ Contract Eabor					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for campaign services					
								—						
										· campang	20.1.000			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	eld			
	expenditure to benefit C/OI						,							
-	Date	Т	Davisa nama											
	04/03/2023		Payee name Contreras, N	/aria										
					04-4	7:- 0								
	Amount (\$)		Payee addres	-	State; Z	zip Coc	эе							
	\$750.00		2106 Cancu	וט ווו										
			Mansfield, T	X 76063										
	PURPOSE OF	(a)		e Categories listed at t		ile)	(b)	Description						
	EXPENDITURE		Salaries/Wa	ges/Contract La	abor					officeholder living	nplete Schedule T.			
								contract labor						
										3				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	aht			Office h	eld			
	expenditure to benefit C/OI				31		,			200 11				
\vdash														
l														

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/46 Rpt: 14/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/30/2023	DHJ Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1411 Maydell
		Fort Worth, TX 76106
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to your basicisan team
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Power name
	01/17/2023	Payee name Dallas Marping Nove
		Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.22	1954 Commerce Street
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newspaper subscription
		newspaper subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Dove nome
	02/16/2023	Payee name Dallas Morning News
		Š
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.22	1954 Commerce Street
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
		newspaper subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form	n.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission F	ilers)
	Sch: 11/46 Rpt: 15/50	Romero Jr., Ramon (The Honorable)		(00069719		
4	Date	5 Payee name		<u> </u>			
	03/16/2023	Dallas Morning News					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$26.22	1954 Commerce Street					
		Dallas, TX 75201					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descriptio	on .			
	OF EXPENDITURE	Office Overhead/Rental Expense			e of Texas. Com	plete Schedule T.	
	EXPENDITORE	·	_		officeholder living	gexpense	
			newspap	er subsc	cription		
9	Complete ONL V if direct	Candidate/Officeholder name Office sought	<u>.</u>		Office he	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		L		Office ne	eiu	
_	Date						
	Date 04/17/2023	Payee name					
		Dallas Morning News					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$26.22	1954 Commerce Street					
		Dallas, TX 75201					
	PURPOSE OF	,) Descriptio				
	EXPENDITURE	Office Overhead/Rental Expense			e of Texas. Com officeholder living	plete Schedule T.	
			newspap			, - ,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld	
	expenditure to benefit C/OI	1					
	Date	Payee name					
	05/16/2023	Dallas Morning News					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$26.22	1954 Commerce Street					
		Dallas, TX 75201					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descriptio	n			
	OF EXPENDITURE	Office Overhead/Rental Expense	ш			plete Schedule T.	
	EXI ENDITORE		_		officeholder living	g expense	
			newspap	วะเ วนมร์(πρασπ		
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	əld	
	expenditure to benefit C/OI		•		Office He	Jiu	
-							
l							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1:	
Sch: 12/46 Rpt: 16/50	Romero Jr., Ramon (The Honorable) 00069719
4 Date	5 Payee name
06/16/2023	Dallas Morning News
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$26.22	1954 Commerce Street
	Dellas TV 75201
	Dallas, TX 75201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense newspaper subscription
	πονομαμοί σαμοστημιστί
O Committee Chillian in	Out like to 10th a halden as a second of the like to 10th a halden as a second
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/15/2023	Diamond Hill Northside Youth Association
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	1300 Conner Avenue
·	
	Fort Worth TV 7610F
	Fort Worth, TX 76105
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Youth soccer tournament sponsorship
	Touth societ tournament sponsorship
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/21/2023	Don Artemio Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$230.00	3268 W 7th Street
	Fort Worth, TX 76107
DUDDOSE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	meeting to discuss officeholder issues
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/46 Rpt: 17/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/15/2023	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.95	901 Market Street
		6th Floor
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Iunch meeting with staff
		iunch meeting with stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/03/2023	El Naranjo
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.00	85 Rainey Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
		moouning to discuss official issues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/02/2023	Ember Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.54	800 W Cesar Chavez St
		PP110
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 14/46 Rpt: 18/50	2 FILER NAME Romero Jr., Ramon (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069719
4	Date	5 Payee name
	01/13/2023	Fort Worth Hispanic Chamber of Commerce
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1327 N Main St Fort Worth, TX 76164
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to fundraiser
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	Fort Worth Star-Telegram
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.90	2300 W. 7th St
		Suite 108
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		newspaper subscription
		newspaper subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2023	Foundation for Education and Research in Vision
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4401 Martin Luther King Blvd
		Houston, TX 77204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to organization
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/46 Rpt: 19/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/24/2023	Fresa's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.72	915 N Lamar Blvd
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		lunch meeting with staff
		lanor mosting marotan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/03/2023	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.29	1000 W Lynn Street
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch
		Guar landii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date	Payee name
	03/06/2023	Gemelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.00	4400 White Settlement Rd
		Fort Worth, TX 76114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee L	Gift/Awards/Memorials legal Services The Instruction Gu	Expense		pense ages/	e /Contract Labor		Travel Out of Di OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 16/46 Rpt: 20/50		Romero Jr.,	Ramon (The Ho	onorable)					00069719		
4	Date	5	Payee name									
	02/08/2023		Gonzalez, Fr	ank								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$300.00		2609 Catalin	a Way								
			Irving, TX 75	060								
8	PURPOSE	(a)	Category (See	Categories listed at th	e ton of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,		Check if travel	outsio	le of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Candidate/O	fficeholder/Polit	tical Commi	ittee		—		officeholder livin		
								donation to yo	outh	n baseball t	eam for unifor	ms
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
_		_										
	Date		Payee name									
	02/21/2023		Grace									
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					
	\$80.02		777 Main Str	eet								
			Fort Worth, 7	X 76102								
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	ge Expense				-			nplete Schedule T.	
								meeting to dis		officeholder livin		
								meeting to dis	SCU.	33 Unicerio	iuei issues	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	Office sou	thr			Office h	eld	
	expenditure to benefit C/O		odiraractor o mo	onoldor namo	Ü	moo oou	9110			Omoo n	oid	
\vdash	Date	Г	Payee name									
	06/20/2023		Grace									
	Amount (\$)		Payee address	s; City;	State	Zip Co	de					
	\$209.94		777 Main Str		Siale,	Zip CUI	ue					
	φ203.94		i i i waiii Su	CCI								
			Fort Morth 3	V 76102								
	DUDDOS-	<u>, .</u>	Fort Worth, 7			ı	<i>(</i> 1)					
	PURPOSE OF	(a)		Categories listed at th	e top of this sche	edule)	(a)	Description Check if travel (nutsir	le of Texas Con	nplete Schedule T.	
	EXPENDITURE		Food/Bevera	.ge Expense				ш		officeholder livin		
								meeting to dis				
	Complete ONLY if direct		Candidate/Offic	eholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	rms provided by Tayas E	+hio	s Commissio	n 140	MM athics st	tata ty u					Version V2 5	1 01000200

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Committee		Legal Services					OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide expla	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAMI	E				3	Filer ID	(Ethics Commission Filers	;)
	Sch: 17/46 Rpt: 21/50	Romero Jr.	, Ramon (The Honorable	e)				00069719		
4	Date	5 Payee name					_			
	01/20/2023		ods Coffee Roasting Co							
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	de					
	\$77.00	2501 E. 5th	Street							
		Austin, TX	78702							
8	PURPOSE	(a) Category (s	see Categories listed at the top of thi	e echodulo)	(b)	Description				
	OF		rhead/Rental Expense	s scriedule)	` ´	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			\Box	, TX,	officeholder living	expense	
						office coffee				
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	06/13/2023	Greater Go	ods Coffee Roasting Co							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de					
	\$40.00	2501 E. 5th	Street							
		Austin, TX	78702							
	PURPOSE	(a) Category (S	see Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	l	head/Rental Expense			=		de of Texas. Com		
						office supplie		officeholder living	expense	
						office Supplie	3			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ald .	
	expenditure to benefit C/O			00 0	9			000 1.0		
-	Date	Dayoo nama								
	01/30/2023	Payee name Hernandez								
	Amount (\$)	Payee addre		tate; Zip Co	do					
	\$500.00	404 Marybe	•	iale, Zip Co	ue					
	Ψ500.00	404 Maryb								
		Burleson, T	-V 76020							
	DURROSE				(1-)					
	PURPOSE OF		iee Categories listed at the top of thins/Donations Made By	s schedule)	(a)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Political Co	mmittee		ш		officeholder living		
						donation to se	chc	olarship fund	raiser	
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	1			_		_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/46 Rpt: 22/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	04/03/2023	Hill Country Springs
6	Amount (\$) \$20.46	7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd
		Austin, TX 78747
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office water
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	Hill Country Springs
	Amount (\$) \$39.23	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office water
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2023	Hill Country Springs
	Amount (\$) \$47.74	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office water
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/46 Rpt: 23/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/04/2023	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$302.02	1200 Barbara Jordan Avenue
		STE 100
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense office fridge
		office fridge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/24/2023	J Carver
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.26	509 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting to discuss officeholder issues
		meeting to discuss officeriolider issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/09/2023	J Carver
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.00	509 Rio Grande St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/46 Rpt: 24/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/27/2023	Jacinto Ramos Jr Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1500 N Main St
		Fort Worth, TX 76164
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation to mural fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	and the state of t
_	Date	Payee name
	02/13/2023	Jared Williams Campaign for Fort Worth City Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	6731 Trail Cliff Way
		Fort Worth, TX 76132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		candidate/Onicenoider/Political Committee contribution to campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/02/2023	Jeanette Martinez for Fort Worth City Council
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	3928 Townsend Drive
		Fort Worth, TX 76110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contribution to campaign
		l service services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/46 Rpt: 25/50	Romero Jr., Ramon (The Honorable) 00069719
4 Date	5 Payee name
06/12/2023	Jeanette Martinez for Fort Worth City Council
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,800.00	3928 Townsend Drive
	Fort Worth, TX 76110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	contribution to campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/01	
Date	Payee name
06/14/2023	Jeanette Martinez for Fort Worth City Council
Amount (\$)	Payee address; City; State; Zip Code
\$2,035.00	3928 Townsend Drive
	Fort Worth, TX 76110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	contribution to campaign
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Data	
Date	Payee name
05/09/2023	Johnson, Margaret
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5428 New Castleton Lane
	Fort Worth, TX 76135
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	donation to organization for disabled children
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen Demmittee Legal Services Salaries/Wage	nse es/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 comp	-			
1	Total pages Schedule F1: Sch: 22/46 Rpt: 26/50	2 FILER NAME Romero Jr., Ramon (The Honorable) 3 Filer ID (Ethics Commission File) 00069719				
4	Date	Payee name	I			
_	03/07/2023	Jordan, Jay				
6	Amount (\$) \$200.00	Payee address; City; State; Zip Code 6101 McCart Ave Fort Worth, TX 76133				
8	PURPOSE OF EXPENDITURE		Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense th Hills High School golf team	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office held	
	Date	Payee name				
	05/17/2023	Juntos Se Puede				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$750.00	2621 NW 29th St Fort Worth, TX 76106				
	DUDDOCE		\ .			
	PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	ш	TX,	de of Texas. Complete Schedule T. officeholder living expense plarship fund	
Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought			Office held	
	Date	Payee name				
	02/23/2023	LGBTQ Saves				
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1959 Sandy Lane				
		Fort Worth, TX 76112				
	PURPOSE	(b) Category (See Categories listed at the top of this schedule)	Description			
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		TX,	de of Texas. Complete Schedule T. officeholder living expense INIZATION	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/46 Rpt: 27/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/22/2023	La Condesa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$440.86	400 W 2nd Street
		A
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting to discuss officeholder issues
		meeting to discuss officeriolider issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	-
	Date	Payee name
	02/27/2023	Ladies Auxiliary
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	PO Box 60303
		Fort Worth, TX 76115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation to scholarship fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/03/2023	Launderette
	Amount (\$)	Payee address; City; State; Zip Code
	\$816.97	2115 Holly St
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting with staff
		instang marsaan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/46 Rpt: 28/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/27/2023	Legislative Study Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
		Capitol Station
		Austin, TX 78711
8	PURPOSE	(6) 0
	OF	Fees (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	02/13/2023	Little Lilly Sushi
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.40	6100 Camp Bowie Blvd
		#12
		Fort Worth, TX 76116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date 05/30/2023	Payee name
		Longhorn Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	850 Cannon Drive
		Hurst, TX 76054
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation to organization for scout sponsorship
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/46 Rpt: 29/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/23/2023	Lucile's
6	Amount (\$) \$89.32	7 Payee address; City; State; Zip Code 4700 Camp Bowie Blvd Fort Worth, TX 76107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting with constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/18/2023	Lucile's
	Amount (\$) \$56.50	Payee address; City; State; Zip Code 4700 Camp Bowie Blvd
		Fort Worth, TX 76107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meeting with constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/22/2023	Payee name MACE
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 471752
		Fort Worth, TX 76147
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to scholarship fund
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/46 Rpt: 30/50 Romero Jr., Ramon (The Honorable) 00069719 4 Date Payee name 03/29/2023 Manny's Party Rentals 6 Amount (\$) Payee address; State; Zip Code \$125.00 1300 Conner Ave Fort Worth, TX 76105 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense bounce house rental for community event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/07/2023 Night of Shining Stars Amount (\$) Payee address; City; State; Zip Code \$500.00 421 W 3rd St Fort Worth, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee donation to organization Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/24/2023 North Side High Legacy Foundation Amount (\$) Payee address: City: State; Zip Code \$605.00 PO BOX 4181 Fort Worth, TX 76164 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee donation to scholarship foundation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/46 Rpt: 31/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	04/21/2023	North Side High Legacy Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	PO BOX 4181
		Fort Worth, TX 76164
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to scholarship fund
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	03/21/2023	Ollie Babe Garza Scholarship Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	2237 Horseback Trail
		Fort Worth, TX 76177
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to scholarship fund
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 01/03/2023	Payee name
		Our Mother of Mercy
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	PO Box 6004
		Fort Worth, TX 76115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		uonation to Christinas toy unve
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/46 Rpt: 32/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/23/2023	Our Mother of Mercy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 6004
		Fort Worth, TX 76115
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to fundraising drive
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/08/2023	Pan American Golf Association of Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	2131 N Commerce Street
		Fort Worth, TX 76164
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to invitational scholarship fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	02/08/2023	Perez, Emerico (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7425 Ewing Ave
		Fort Worth, TX 76116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor for campaign services
_	Operation ONE V. C. F.	On didn't lotter had a many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a category set listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 29/46 Rpt: 33/50	Romero Jr., Ramon (The Honorable) 00069719				
4	Date	5 Payee name				
	05/08/2023	Perez, Emerico (Mr.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,000.00	7425 Ewing Ave				
		Fort Worth, TX 76116				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		contract labor for campaign services				
		osimusti tassi ter sampaign services				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name	=			
	02/24/2023	Perla's				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$260.00	1400 S Congress Avenue				
	Ψ200.00	1400 S Congress / Wende				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		meeting to discuss officeholder issues				
		meeting to disouse officer issues				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-	Date	Payee name	_			
	03/17/2023	Perla's				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$249.00	1400 S Congress Avenue				
	Ψ243.00	1400 3 Congress Avenue				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		meeting to discuss officeholder issues				
	Complete ONL V if direct	Condidate/Office helder name Office county Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memori Legal Services The Instruction	•		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed	above)
_		-		The instruction	Oulue explains	3 HOW to CO	ilipic	ete tilis ioiili.	-			
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 30/46 Rpt: 34/50		Romero Jr.,	Ramon (The	Honorable)					00069719		
4	Date	5	Payee name									
	04/21/2023		Perla's									
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$327.14		1400 S Con	gress Avenue)							
			Austin, TX 7	8704								
8	PURPOSE	⊢		e Categories listed a		-1	(b)	Description				
	OF			age Expense	at the top of this so	cneaule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 OOU/Dever	age Expense				=		officeholder living		
								meeting to dis	scu	ıss officehol	der issues	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/19/2023	ı	Perla's									
	Amount (\$)	Т	Payee addres	s; City;	State	e; Zip Co	de					
	\$261.36		1400 S Con	gress Avenue)							
				-								
			Austin, TX 7	8704								
	PURPOSE	⊢					(h)	Description				
	OF			e Categories listed	at the top of this so	chedule)	(D)	Description Check if travel	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				ш		officeholder living		
								meeting to dis	scu	ıss officehol	der issues	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
	expenditure to benefit C/OI	Н										
F	Date		Payee name									
	06/21/2023	ı	Perla's									
	Amount (\$)	⊢	Payee addres	s; City;	State	e; Zip Co	de					
	\$69.99	ı	•	gress Avenue		., <u></u> , 00						
	Ψ00.00		_ 100 0 0011	g. 500 / World	•							
			Auctin TV 7	970 <i>4</i>								
	BUBBASE	-	Austin, TX 7				<i>a</i> :					
	PURPOSE OF			e Categories listed		chedule)	(a)	Description Check if travel	Outei	de of Teves Com	nplete Schedule T.	
	EXPENDITURE			s/Donations I Officeholder/P		mittee				officeholder living		
			Sarialadio/C		oioui Ooiiii			Meeting to dis		-		
								3				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office he	eld	
expenditure to benefit C/OH												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/46 Rpt: 35/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/21/2023	Perla's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.10	1400 S Congress Avenue
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	02/03/2023	Polytechnic Senior High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,033.68	1300 Conner Avenue
		Fort Worth, TX 76105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation for one equipment
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/30/2023	Ponchos Flower Villa
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.01	2000 Ridgmar Blvd
	φ92.01	2000 Riuginai bivu
		Fort Worth, TX 76116
	PURPOSE	I ma
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		memorial flowers for constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/46 Rpt: 36/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
L	02/15/2023	Ponchos Flower Villa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.08	2000 Ridgmar Blvd
		Fort Worth, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense memorial flowers for constituent
		memorial nowers for constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	06/20/2023	Ponchos Flower Villa
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$119.08	2000 Ridgmar Blvd
		Fort Worth, TX 76116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		memorial flowers for constituent
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/18/2023	PrintPlace
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,260.55	1110 Avenue H East
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		In-kind mailer for Jeanette Martinez for Fort Worth City Council campaign
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 33/46 Rpt: 37/50	Romero Jr., Ramon (The Honorable)		00069719
4	Date	5 Payee name		•
	04/24/2023	PrintPlace		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$1,967.07	1110 Avenue H East		
		Arlington, TX 76011		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				In-kind mailer for Jeanette Martinez for Fort Worth City Council campaign
_	Complete ONL V if direct	Condidate/Officeholder name Office country		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	11	Office held
<u> </u>				
	Date	Payee name		
	05/31/2023	PrintPlace		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$2,038.56	1110 Avenue H East		
		Arlington, TX 76011		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				In-kind mailer for Jeanette Martinez for Fort Worth
				City Council campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	06/01/2023	PrintPlace		
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>	
	\$1,154.00	1110 Avenue H East		
		Arlington, TX 76011		
	PURPOSE		h)	Description
	OF	Printing Expense	-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				In-kind mailer for Jeanette Martinez for Fort Worth City Council campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	Superiordie to beliefit 0/0	•		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/46 Rpt: 38/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/29/2023	Punching Out Parkinsons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	7616 Camp Bowie W Blvd
		Fort Worth, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to fundiase.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	03/02/2023	Ramsey, Michael
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	7216 Via Dono Drive
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		Contract tasor for campaign convices
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/05/2023	Ramsey, Michael
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	7216 Via Dono Drive
	Ψ2,000.00	7210 VIG BONG BING
		Austin, TX 78749
L	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			ft/Awards/Memorials gal Services	Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not liste	d above)
	Credit Card Payment		Т	he Instruction G	uide explains h	now to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 35/46 Rpt: 39/50		Romero Jr., F	amon (The H	lonorable)					00069719		
4	Date	5	Payee name					·				
	03/27/2023		Round One B	oxing								
6	Amount (\$)	7	Payee address	; City;	State;	Zip Cod	de					
	\$500.00		3952 Wosley	Dr								
			Fort Worth, T	X 76133								
8	PURPOSE	(a)	Category (See	Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contributions					=			nplete Schedule T.	
			Candidate/Of	riceholder/Pol	itical Commi	ittee		donation to se		officeholder livin Jarshin fund		
											~	
9	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice souc	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date	Π	Payee name									
	01/19/2023		Sams Club									
	Amount (\$)	H	Payee address	; City;	State;	Zip Coo	de					
	\$539.07		4400 Bryant I	rvin Rd								
			Fort Worth, T	X 76132								
	PURPOSE	(a)	Category (See	Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contributions	Donations Ma	ade By			=			nplete Schedule T.	
	-		Candidate/Of	ficeholder/Pol	itical Commit	ittee		donation of d		officeholder livin		
								donation of d	OOI	prizes to it	indiaisci	
	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice soug	ht			Office h	eld	
	expenditure to benefit C/OI						,					
	Date	Π	Payee name									
	03/27/2023		Sanchez, Dar	niel (Mr.)								
	Amount (\$)		Payee address	; City;	State;	Zip Cod	de					
	\$350.00		2106 Cancun	Dr								
			Mansfield, TX	76063								
	PURPOSE	(a)	Category (See	Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	es/Contract L	abor			므			nplete Schedule T.	
								contract labor		officeholder livin		
								John doc labor	0	. Janipaigii	20. 11003	
	Complete ONLY if direct		Candidate/Office	holder name	Of	ffice soug	ght			Office h	eld	
	expenditure to benefit C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 36/46 Rpt: 40/50	Romero Jr., Ramon (The Honorable) 00069719						
4	Date	5 Payee name						
	06/12/2023	Sanchez, Daniel (Mr.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$150.00	2106 Cancun Dr						
		Mansfield, TX 76063						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		contract labor for campaign services						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	06/12/2023	Sanchez, Daniel (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$150.00	2106 Cancun Dr						
		Mansfield, TX 76063						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense contract labor for campaign services						
		Contract labor for campaign services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	y						
	Date	Payee name						
	03/10/2023	Sanchez, Jesus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	2211 McKinley Avenue						
		Fort Worth, TX 76164						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Candidate/Officeholder/Political Committee						
		donation to Northside High School golf team						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/46 Rpt: 41/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/27/2023	Save our youth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2800 Shamrock Ave
		Suite B
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation to organization
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payee name
	01/04/2023	Schlitz, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2600 E. Southlake Blvd
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/07/2023	Schlitz, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2600 E. Southlake Blvd
	Ψ500.00	2000 E. Southake Bivu
		Southlake, TX 76092
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/46 Rpt: 42/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	03/06/2023	Schlitz, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2600 E. Southlake Blvd
		Southlake, TX 76092
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		government of the property of
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2023	Schlitz, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2600 E. Southlake Blvd
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		government of the property of
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/10/2023	Schlitz, William
_		
	Amount (\$)	
	\$500.00	2600 E. Southlake Blvd
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/46 Rpt: 43/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/05/2023	Schlitz, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2600 E. Southlake Blvd
		Southlake, TX 76092
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		Goridade labor for dampaign of video
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	03/01/2023	Small Victory
	Amount (\$)	Payee address; City; State; Zip Code
	\$333.00	108 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting to discuss officeholder issues
		incoming to discuss officials leaded
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/25/2023	Soto
	Amount (\$)	Payee address; City; State; Zip Code
	\$171.00	1100 South Lamar Blvd
		Suite 2115
		Austin, TX 78704
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 40/46 Rpt: 44/50	Romero Jr., Ramon (The Honorable) 00069719							
4	Date	5 Payee name							
	01/04/2023	Staples							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$690.87	500 Staples Drive							
		Framingham, MA 01702							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense office chairs							
		omee shane							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	-							
	Date	Payee name							
	04/25/2023	Stephen F Austin University							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	1936 North Street							
		Nacogdoches, TX 75962							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	ZAI ZABITORZ	Candidate/Officeholder/Political Committee							
		donation to scholarship fund							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	05/02/2023	Texas Association for Future Educators							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$400.00	1300 Corner Avenue							
		Fort Worth, TX 76105							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		donation to scholarship fund							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/46 Rpt: 45/50	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/22/2023	Toulouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	409 E 6th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
		3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2023	True Food Kitchen Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	222 West Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense meeting to discuss officeholder issues
		meeting to discuss officeriolider issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/19/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.86	1455 Market Street
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ee L	Legal Services Salaries/Wages/Contract Labor OT					OTHER (enter a category not listed above)				
				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 42/46 Rpt: 46/50	Ro	mero Jr.,	Ramon (The H	onorable)					00069719		
4	Date	5 Pay	ee name									
	05/12/2023	Ub	er Eats									
6	Amount (\$)	7 Pay	ee addres:	s; City;	State;	Zip Coc	de					
	\$67.40	145	55 Market	Street								
		Sai	n Francisc	co, CA 94103								
8	PURPOSE	(a) Cat	tegory (See	e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			ige Expense				Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE							—		officeholder livir	ng expense	
								lunch meeting	g w	ith staff		
9	Complete ONLY if direct expenditure to benefit C/OI		didate/Offic	eholder name	Offi	ice soug	jht			Office h	neld	
	experialitate to beliefit eroi											
	Date	Pay	ee name									
	05/20/2023	Ub	er Eats									
	Amount (\$)	Pay	ee addres:	s; City;	State;	Zip Coc	de					
	\$43.99	145	55 Market	Street								
		Sai	n Francisc	co, CA 94103								
	PURPOSE	(a) Cat	egory (See	Categories listed at the	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Bevera	ige Expense							mplete Schedule T.	
								ш		officeholder livir		
								meeting to dis	SCu	SS Officerio	liuer issues	
	Opening the ONLY if allowed	0	li -l - t - 10#i -	-11-1	0#	<u> </u>	.l. s			O#: I	1 . 1	
	Complete ONLY if direct expenditure to benefit C/OI		иаате/Опіс	eholder name	Oπ	ice soug	Int			Office h	ieia	
	Date	1 1	ee name									
	05/28/2023	Ub	er Eats									
	Amount (\$)	Pay	ee addres:	s; City;	State;	Zip Coc	de					
	\$58.40	145	55 Market	Street								
		Sai	n Francisc	co, CA 94103								
	PURPOSE	(a) Cat	tegory (See	e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			ige Expense							mplete Schedule T.	
	LA LIBITORE							_		officeholder livir	ng expense	
								lunch meeting	y W	เนา รเสท		
	Commission ONU Wife allows	0	didata (Ott.	ahaldau (* - *** -	<u> </u>		ا ماء			Offi 1	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Jidate/Offic	eholder name	Offi	ice soug	ınt			Office h	ieid	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Populations Mode By

Contributions/ Populations/ P

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 43/46 Rpt: 47/50	Romero Jr., Ramon (The Honorable) 00069719				
4	Date	5 Payee name				
	05/29/2023	Uber Eats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$113.60	1455 Market Street				
		San Francisco, CA 94103				
8	PURPOSE					
١	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		lunch meeting with staff				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	Н				
H	Date	Payee name	_			
	06/09/2023	Uber Eats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$69.53	1455 Market Street				
	Ψ00.00	1400 Market Greet				
		Con Evensions CA 04103				
		San Francisco, CA 94103				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		lunch meeting with staff				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Date	Davies name				
	01/19/2023	Payee name Lipivorsity of North Toyos				
		University of North Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$255.00	620 Central Avenue				
		Denton, TX 76203				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		lunch for Diamond Hill seniors college tour				
_	Complete ONLY if alias -t	Condidate/Officeholder name Office sought Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling E nse Printing E Salaries/	erhead/F xpense Expense Wages/C	Reimbursement Rental Expense Contract Labor		Transportation E Travel in District Travel Out of Dis	
_	T	. = = = >		explains now to co	mpica	-	_	E1 15	(Filiting On a starting File of
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 44/46 Rpt: 48/50	Romero Jr.	, Ramon (The Hono	rabie)				00069719	
4	Date	5 Payee name							
	02/08/2023	Whole Foo	ds						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$77.76	525 N. Lan Austin, TX	nar Blvd.						
8	PURPOSE				(b) 5	December in the			
0	OF		ee Categories listed at the top		(D) [Description Check if travel of	outsio	de of Texas, Com	plete Schedule T.
	EXPENDITURE	Office Over	head/Rental Expens	Se	l F	=		officeholder living	
						ച office supplies	S		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	<u>I</u> ught			Office he	eld
	Date	Payee name							
	03/23/2023	Whole Foo	ds						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$34.69	525 N. Lan	•						
	Ψ04.03	020 IV. Lan	iai Biva.						
		Austin, TX			T				
	PURPOSE OF EXPENDITURE		ee Categories listed at the top head/Rental Expens			⊣	, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/24/2023	Whole Foo							
	Amount (\$)	Payee addre		State; Zip C	nde				
	\$100.26	525 N. Lan		State, Zip C	ouc				
	\$100.20	525 N. Laii	iai bivu.						
		Austin, TX	78703						
	PURPOSE OF	\	ee Categories listed at the top	,	(b) [Description			
	EXPENDITURE	Office Over	head/Rental Expens	se					plete Schedule T.
						office supplies		officeholder living	g expense
					`	ance supplies	J		
	Complete ONLY 'C. "	Constitute (C)	ia a la a la la como en	O#.				Ott: ;	a lal
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ugnt			Office h	eia
	- parametric 30 2000000 0/01								
-01	rms provided by Tayas E	thios Commiss	100	athics state ty	10				Version V2 5 1 a18ea2ca

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 45/46 Rpt: 49/50	Romero Jr., Ramon (The Honorable)	00069719					
4	Date	5 Payee name	•					
	05/15/2023	Whole Foods						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$61.74	525 N. Lamar Blvd.						
		Austin, TX 78703						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		l outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Aust	n, TX, officeholder living expense					
		office suppli	es					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/19/2023	Whole Foods						
	Amount (\$) Payee address; City; State; Zip Code							
	\$86.41	\$86.41 525 N. Lamar Blvd.						
		Austin, TX 78703						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Office Overhead/Rental Expense	l outside of Texas. Complete Schedule T.					
		Check if Aust office suppli	in, TX, officeholder living expense					
		Office Suppli	5 5					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	9	Office field					
	Data							
	Date 05/30/2023	Payee name Whole Foods						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.07	525 N. Lamar Blvd.						
		A TV 70700						
		Austin, TX 78703						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Louteide of Tours Consulate Cabadula T					
	EXPENDITURE	Office Overficad/Nertial Experise	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
		office suppli						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		I Committee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 46/46 Rpt: 50/50		, Ramon (The Honorable)					00069719		
4	Date	5 Payee name								
	05/19/2023	Worley Prir	nting							
6	Amount (\$)	7 Payee addre	ess; City; Stat	te; Zip Cod	de					
	\$1,044.83	3217 N Interstate 35 Frontage Rd								
		Austin, TX								
8	PURPOSE OF	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE	Printing Ex	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
						Graduation ce				
						Craduation Co	CILI	ilcates for st	SIIIOIS	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sour	thr			Office he	ald	
		Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name								
	01/09/2023	Youth & Fa	mily Community Service							
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Cod	de					
	\$160.00									
		Fort Worth,	TX 76115							
	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
OF EXPENDITURE		Contributions/Donations Made By				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Candidate/	Officeholder/Political Com	mittee		ш				
						donation to yo	Jul	II Daskeidaii	team	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office soug	thr			Office he	ald	
	expenditure to benefit C/O		icenoider name	Onice 30dg	giit			Office fic	oru.	