CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to con	plete this form.	1 Filer ID (Ethics Comm 00080440		2 Total page	s filed: 33
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
	The Honorable	Regina				
NAME		U U			Date Received	
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	Gina	Hinojosa				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #: C	ITY:	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER	P.O. Box 300095		,			
MAILING ADDRESS	1 .O. BOX 300033				Receipt #	Amount
Change of Address	Austin, TX 78703				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Janis				
NAME						
	NICKNAME	LAST		SUFFIX		
		Pinnelli		JUFFIX		
		Finiteiii				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO I	PO BOX PLEASE)	; АР	T / SUITE #; CITY;	:	STATE; ZIP CODE
ADDRESS	1507 West 6th					
(Residence or Business)						
,	Austin, TX 78703					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(512) 478-7816					
8 REPORT TYPE				Dura#	1 15th days after	
	January 15	30th day befo		Runoff	appointment	r campaign treasurer (officeholder only)
	X July 15	8th day befor	e election	Exceeded modified	Final Report ((Attach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2023	٦	THROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r X	Primary	Runoff	Other	
	03/05/2024		Company			
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		_
	State Representative D	strict 49		State Representa	ative District 4	.9
		GO	TO PAGE 2			
-						
⊢orms provided by Te	exas Ethics Commission	www.e	ethics.state.tx.u	S	Ve	rsion V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Hinojosa, Regina (The Honorable)

13 C / OH NAME

FORM C/OH **COVER SHEET PG 2** 2 of 33

14 Filer ID

00080440

2 01 33
(Ethics Commission Filers)
I committees to support the ficeholder's knowledge or notice of such expenditures.

15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political co These expenditures may have been made without the candidate's or office d officeholders are required to report this information only if they receive not	holder's kı	nowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,945.00		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES	\$	42,992.25		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE RIOD	\$	28,656.43		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	\$	150,000.00		
17 AFFIDAVIT		I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code.	ompanyin b be report	g report is ed by me		
		The Honorable Regina Hinojos				
		Signature of Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid, this the		day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offic	er administering	Printed name of officer administering Title of officer	administe	ring oath		

S	UBT	FORM C/OH COVER SHEET PG 3 3 of 33			
	ER NAN 10josa,	(Ethics Co	ommission Filers)		
	HEDUL ME OF	SUB	TOTAL AMOUNT		
1.	Х	\$	2,945.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	42,992.25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE A1

				—		
The Instruc	ction Guide explains how	v to complete this f	örm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/33	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Hinojosa, Re	egina (The Honorable)				00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/23/2023	Barrett, Kathleen				\$25.00	
	6 Contributor address; City; S	state; Zip Code		1		
	Austin, TX 78758-6701					
8 Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/26/2023	Boldin, Rosalie					\$100.00
	Contributor address; City; S			1		
	Austin, TX 78704-4510		-			
Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
				<u> </u>		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/23/2023	Breed, Robin					\$100.00
	Contributor address; City; S	tate; Zip Code				
	Georgetown, TX 78626-7	' 020				
Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>ال</u>		
i inioipai occa		<i>'</i>)		"		
Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
06/23/2023	Bulla, Dale		/			\$25.00
	Contributor address; City; S	tate [.] 7in Code		ł		*
	Austin, TX 78750-7932					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/23/2023	Burke, Cecelia					\$250.00
	Contributor address; City; S	tate; Zip Code		1		
	Austin, TX 78731-2806					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	3)		

SCHEDULE A1

						-
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/33	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		egina (The Honorable)		Ĺ	00080440	
4	Date	5 Full name of contributor Out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	06/28/2023	Cartwright, Mary Dorsey				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Austin, TX 78704-2807				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	L S)		
_						
_	Date	Full name of contributor out-of-state PAC (I	ID#:)	Τ	Amount of Contribution (\$)	
	06/19/2023	Conyngham, Karen				\$100.00
		Contributor address; City; State; Zip Code		"		
		1				
		1				
		Austin, TX 78746-4115				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
_	Date	Full name of contributor out-of-state PAC (I	ID#:)	Т	Amount of Contribution (\$)	
	06/23/2023	Crook, Elizabeth				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78703-2404				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	writer		self			
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Т	Amount of Contribution (\$)	
	06/26/2023	Dancy, Blair B.				\$100.00
		Contributor address; City; State; Zip Code		•		
		1				
		Austin, TX 78731-5627				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L)		
				-		
	Date	Full name of contributor Out-of-state PAC (I		Τ	Amount of Contribution (\$)	
	06/30/2023	Gill, Hubert H.	5π,			\$100.00
	•••••	Contributor address; City; State; Zip Code				*=
		1				
		Austin, TX 78703-3987				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L s)		
				-,		
-						

SCHEDULE A1

	The Instru	ction Guide explains how	v to complete this f	örm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/33	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/25/2023	KPW PAC				\$500.00	
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78768-2004					
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions)	;)		
=		T Full same of contributor		<u> </u>	_	Amount of Contribution (f)	
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	<u> </u>
	06/30/2023	Maguire-Powell, Alison					\$10.00
		Contributor address; City; S	tate; Zip Code				
		Denton, TX 76210-4637					
	Principal occı	I upation / Job title (See Instructions	 (S)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	·		,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/23/2023	Miller, Cyral	—				\$36.00
		Contributor address; City; S					
	<u> </u>	Austin, TX 78756-3217			Ļ		
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions)	5)		
-	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	06/23/2023	Moeser, Bob		/		/ inount of contraction (+)	\$25.00
	•••		State: Zip Code		1		Ŧ -
		Austin, TX 78731-1112					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions)	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/23/2023	Pennington, Gloria					\$49.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78756-1023					
-	Principal occı	upation / Job title (See Instructions	(S)	Employer (See Instructions)	L		
	·		-7		· ·		
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1							

SCHEDULE	A1
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			4		
The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/33	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Hinojosa, Re	egina (The Honorable)			00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/24/2023	Ruby, Ramirez				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Houston, TX 77005-3522				
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/23/2023	Rutishauser, Robert G.				\$100.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78731-6060				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
 Ппора осса 			5)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/23/2023	Team, Linda				\$100.00
1	Contributor address; City; State; Zip Code		1		
Drinsing agou	Austin, TX 78705-3112		Ĺ		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/23/2023	Tenorio, Sandra				\$100.00
	Contributor address; City; State; Zip Code		1		
ſ					
	Buda, TX 78610-3745				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
i inopa occa			,		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/23/2023	Windberg, Thomas J				\$100.00
	Contributor address; City; State; Zip Code		1		
	Austin TV 70745 1600				
Dringing oog	Austin, TX 78745-1633	Employer (See Instructions	<u> </u>		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

				EXPENDITUR	RE CATEGO	RIES FOR	BC	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Event Expense Fees Food/Beverage Expen Sift/Awards/Memorials Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
1	Sch: 1/26 Rpt: 8/33			gina (The Hor	iorable)					00080440	
4	Date 06/02/2023		Payee name Aba								
6	Amount (\$)		Payee addres	s; City;	Stato	; Zip Co					
0	\$395.26		,	Congress Aver							
8	PURPOSE	(a)	Category (so	Categories listed at	the ten of this sch	andula)	(b)	Description			
	OF EXPENDITURE		Food/Bevera		ine top of this sch	ieuuie)	(-)	Check if travel of Check if Austin,	, TX,	officeholder living	nplete Schedule T. g expense nd of session lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld
	Date		Payee name								
	05/25/2023		Acosta, Glad	lys							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$200.00		3000 Guada			· •					
			Apt 204								
			Austin, TX 7	8705-2834							
	PURPOSE OF EXPENDITURE			e Categories listed at 1 ges/Contract L		nedule)	(b)		, TX,	officeholder living	nplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld
F	Date		Payee name								
	03/02/2023		Acosta, Glad	lys							
-	Amount (\$)		Payee addres		State	; Zip Co	de				
	\$200.00		3000 Guada	-							
			Apt 204								
			Austin, TX 7	8705-2834							
-	PURPOSE			e Categories listed at t	the ten of the	a dula)	(b)	Description			
	OF			ges/Contract L		iedulė)	()	Check if travel of	, TX,	officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Equ Polling Expense - Gift/Awards/Memorials Expense Polling Expense Travel out of District					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 2/26 Rpt: 9/33		Hinojosa, Regina (The Honorable)					00080440	
4	Date	5	Payee name						
	04/26/2023		Acosta, Gladys						
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode				
	\$200.00		3000 Guadalupe St						
			Apt 204						
			Austin, TX 78705-2834						
8	PURPOSE	<u> </u>			(h	Description			
Ũ	OF		Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	nis schedule)			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	
						Salary supple	eme	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught	t		Office held	
	Date		Payee name						
	01/26/2023		Acosta, Gladys						
	Amount (\$)		Payee address; City; S	State; Zip C	ode				
	\$200.00		3000 Guadalupe St						
			Apt 204						
			Austin, TX 78705-2834						
	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b)) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor				outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE							officeholder living expense	
						Salary supple	eme	ent	
	Complete ONLY if direct		andidate/Officeholder name	Office so		•		Office held	
	expenditure to benefit C/OF			Office So	uym	L		Onice field	
	Data	_							
	Date 06/27/2023		Payee name Acosta, Gladys						
	Amount (\$)			State; Zip C	oae				
	\$200.00		3000 Guadalupe St						
			Apt 204						
			Austin, TX 78705-2834						
	PURPOSE OF		Category (See Categories listed at the top of th	nis schedule)	(b)	Description		de ef Teuro Donnelete Ochertule T	
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense	
						Salary supple			
						2			
	Complete ONLY if direct	L	andidate/Officeholder name	Office so	ught	t		Office held	
	expenditure to benefit C/OF				5				
-									

	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 Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 3/26 Rpt: 10/33		Hinojosa, Regina (The Honorable) 00080440								
4	Date	5	Payee name								
	03/28/2023		Acosta, Gladys								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$200.00		3000 Guadalupe St								
			Apt 204								
			Austin, TX 78705-2834								
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ŗ			de of Texas. Complete Schedule T.				
					Salary supple		officeholder living expense				
							Sin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held				
	Date		Payee name								
	01/09/2023		Adobe								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$32.46		345 Park Ave								
			San Jose, CA 95110-2704								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ught		Office held				
	Date		Payee name								
	02/09/2023		Adobe								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$32.46		345 Park Ave								
			San Jose, CA 95110-2704		1						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	Olitei	de of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense				officeholder living expense				
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held				

				EXPENDITU	JRE CATEGO	RIES FOF	R BC)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services		Office Ove Polling Ex Printing Ex	erheac pense xpens			Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re	elated Expense	
	Ciedii Card Fayment			The Instruction	Guide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	1					3	Filer ID	(Ethics Cor	mmission Filers)
	Sch: 4/26 Rpt: 11/33		Hinojosa, R	egina (The Ho	onorable)					00080440		
4	Date	5	Payee name									
	03/08/2023		Adobe									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$32.46		345 Park Av	ve								
			San Jose, C	CA 95110-270	4							
8	PURPOSE	(a)	Category (s	ee Categories listed a	at the ten of this seh	odulo)	(b)	Description				
-	OF			head/Rental E		leuule)			outsic	de of Texas. Com	plete Schedule	• Т.
	EXPENDITURE								, TX,	officeholder living	expense	
								software				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	04/10/2023		Adobe									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$32.46		345 Park Av	/e								
			San Jose, C	CA 95110-270	4		1					
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				-
	EXPENDITURE		Office Over	head/Rental E	Expense					le of Texas. Com officeholder living		:1.
								software	,,			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ı ıght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/08/2023		Adobe									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	aha					
	\$32.46		345 Park Av		Sidle	, zip co	Jue					
	ψ32.40		5451 alk A									
			San Jose, C	CA 95110-270	4							
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	Expense					de of Texas. Com		: Т.
									, TX,	officeholder living	expense	
								software				
	Complete ONUX if disc. i	Ĺ	Demolials to /O/							0#		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	(Office sou	ignt			Office he	au	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Cabadula E1.		2 Filer ID (Ethics Commission Filers)							
1	Total pages Schedule F1: Sch: 5/26 Rpt: 12/33	HILER NAME Hinojosa, Regina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440							
4	Date 06/08/2023	Payee name Adobe								
6	Amount (\$)	Payee address; City; State; Zip Code								
Ū	\$32.46									
_	BUBBOOF									
8	 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 software 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/17/2023	Cipollina								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$53.38	1213 W Lynn St Austin, TX 78703								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense neeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/21/2023	Cipollina								
	Amount (\$) \$205.20	Payee address; City; State; Zip Code 1213 W Lynn St								
		Austin, TX 78703								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense lunch							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 13/33	Hinojosa, Regina (The Honorable)	00080440
4	Date	5 Payee name	
	04/07/2023	Clayton Spangler Photographic Design	
6	Amount (\$) \$399.00	 Payee address; City; State; Zip Code 235 Point Lick Dr Charleston, WV 25306-6785 	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
0	OF	Office Overhead/Rental Expense	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Chouse photo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/21/2023	Early Childhood Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 2910 Austin, TX 78768	
	PURPOSE OF EXPENDITURE		ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/28/2023	Fresa's Chicken	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.58	915 N. Lamar	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE		ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense ffice staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NA	ME	-		-	3	Filer ID (Ethics Commission Filers))	
	Sch: 7/26 Rpt: 14/33		, Regina (The Honora	able)				00080440		
4	Date 05/12/2023	Payee name Fresa's Chicken								
6	Amount (\$) \$151.09	 Payee address; City; State; Zip Code 915 N. Lamar Austin, TX 78703 								
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	O	ffice soug	ht		Office held		
	Date	Payee na	me							
	02/21/2023	GNI Stra	tegies LLC							
	Amount (\$) \$2,000.00	Payee ad PO Box		State;	Zip Coo	e				
	PURPOSE OF EXPENDITURE) Category	(See Categories listed at the t ng Expense	op of this sche	dule)		ı, TX	side of Texas. Complete Schedule T. <, officeholder living expense NG		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/	Officeholder name	0	ffice soug	ht		Office held		
	Date	Payee na	me						_	
	05/25/2023	Gilberg,								
	Amount (\$) \$400.00	Payee ad 109 W 3		State;	Zip Coo	e				
		Austin, T	X 78705-2301		i					
	PURPOSE OF EXPENDITURE		(See Categories listed at the t Wages/Contract Lab		dule)		ı, TX	side of Texas. Complete Schedule T. <, officeholder living expense lent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	O	ffice soug	ht		Office held		

	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 Expens Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
_	Tatal same Oshadula Et.			cpiains		npie	te this form.		Film ID	
1	Total pages Schedule F1: Sch: 8/26 Rpt: 15/33	2	FILER NAME Hinojosa, Regina (The Honorabl	e)				3	Filer ID 00080440	(Ethics Commission Filers)
4	Date	5	Payee name							
	03/02/2023		Gilberg, Julie							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$400.00		109 W 32nd St							
			Austin, TX 78705-2301							
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this sale	odulo)	(b)	Description			
-	OF		Salaries/Wages/Contract Labor	I THS SCH	equie)	()		outsi	de of Texas. Compl	ete Schedule T.
	EXPENDITURE						Check if Austin	, тх,	officeholder living e	expense
							Salary supple	eme	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght			Office hel	d
	Date		Payee name							
	04/26/2023		Gilberg, Julie							
_	Amount (\$)	-	Payee address; City;	State:	Zip Co	de				
	\$400.00		109 W 32nd St	otato,	, <u>Lip</u> 00	uo				
	φ+00.00	4400.00 109 W S2hu St								
			Austin, TX 78705-2301							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Salaries/Wages/Contract Labor	f this sch	edule)	(b)		, TX,	de of Texas. Compl officeholder living e ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght			Office hel	d
	Date		Payee name							
	01/26/2023		Gilberg, Julie							
	Amount (\$)		Payee address; City;	State:	Zip Co	de				
	\$400.00		109 W 32nd St	,	, 1					
			Austin, TX 78705-2301							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Salaries/Wages/Contract Labor	f this sch	edule)	(b)			de of Texas. Compl officeholder living e	
							Salary supple			
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	(Office sou	aht			Office hel	d
	expenditure to benefit C/Oł								2	-
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				EXP	ENDITURE	CATEGO	RIES FOF	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Travel in Distric Travel Out of D	Equip: t istrict	ng Expense ment & Related Expense gory not listed above)	
					truction Gui	de explains	how to co	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Et	thics Commission Filers)
	Sch: 9/26 Rpt: 16/33		Hinojosa, F	egina (The Hono	rable)					00080440		
4	Date	5	Payee name										
	06/27/2023		Gilberg, Jul	ie									
6	Amount (\$)	7	Payee addre	SS;	City;	State	; Zip Co	de					
	\$400.00		109 W 32n	d St									
			Austin, TX	78705-1	2201								
_													
8	PURPOSE OF	(a)	Category (S				iedule)	(b)	Description		da af T aura - Oar		Oshadula T
	EXPENDITURE		Salaries/Wa	ages/Co	ontract Lai	oor					de of Texas. Con officeholder livin		
									Salary supple			9 - 1-	
									, ii				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholde	r name	C	Office sou	ght			Office h	eld	
-	Date		Payee name										
	03/28/2023		Gilberg, Jul										
_			-		Oit a	Chata	7: 0	-1 -					
	Amount (\$)		Payee addre		City;	State	; Zip Co	ae					
	\$400.00 109 W 32nd St												
			Austin, TX	78705-2	2301								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Salaries/Wa				nedule)	(b)		, TX,	de of Texas. Con officeholder livin ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholde	r name	C	Office sou	ght			Office h	eld	
	Date		Payee name										
	02/09/2023		Gusto Italia	n Kitch	en and Wi	ne Bar							
	Amount (\$)		Payee addre		City;		; Zip Co	do					
	\$464.28		4800 Burne		City,	Sidle	, zip co	ue					
	ψ404.20		4000 Dunie	a nu.									
			Austin, TX	78756									
	PURPOSE	(a)	Category (S	ee Categor	ries listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	age Ex	pense						de of Texas. Con	•	
											officeholder livin	ig expe	ense
									Staff and inte	:[[]]	neeung		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholde	r name	C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 10/26 Rpt: 17/33	Hinojosa, Regina (The Honorable)	00080440						
4	Date 01/04/2023	5 Payee name Gusto							
6	Amount (\$) \$56.49	7 Payee address; City; State; Zip Code 4800 Burnet Rd. Austin, TX 78756							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Payroll software fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/13/2023	Gusto							
	Amount (\$) \$56.49	Payee address; City; State; Zip Code 4800 Burnet Rd. Austin, TX 78756							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense e fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/02/2023	Gusto							
	Amount (\$) \$37.31	Payee address;City;State;Zip Code4800 Burnet Rd.							
		Austin, TX 78756							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense e fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 11/26 Rpt: 18/33	Hinojosa, Regina (The Honorable)	00080440						
4	Date 06/06/2023	Payee name Gusto							
6	Amount (\$) \$56.50								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll software fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/04/2023	Gusto							
	Amount (\$) Payee address; City; State; Zip Code \$37.31 4800 Burnet Rd. Austin, TX 78756								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense re fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/06/2023	Gusto							
	Amount (\$) \$56.49	Payee address;City;State;Zip Code4800 Burnet Rd.							
		Austin, TX 78756							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I re fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 12/26 Rpt: 19/33		a (The Honorable)				00080440			
4	Date 01/10/2023	Payee name HEB								
6	Amount (\$) \$99.90	Payee address; 1000 E. 41st St. Austin, TX 78752		e; Zip Code	2					
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 0 Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. 0 Check if Austin, TX, officeholder living expense 0 Office Supplies									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	it		Office held			
	Date	Payee name				_				
	05/18/2023	HEB								
	Amount (\$) \$68.03	Payee address; 1000 E. 41st St. Austin, TX 78751		e; Zip Code	3					
	PURPOSE OF EXPENDITURE	Category _{(See Cate} Office Overhead	gories listed at the top of this sc (Rental Expense	hedule) (I		n, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	nt		Office held			
	Date	Payee name								
	02/27/2023	HEB								
	Amount (\$) \$5.36	Payee address; 1000 E. 41st St.	City; State	e; Zip Code	2					
		Austin, TX 78751	L	<u> </u>						
	PURPOSE OF EXPENDITURE	Category _{(See Cate} Office Overhead,	gories listed at the top of this sc (Rental Expense	hedule) (I		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sough	it		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	EILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/26 Rpt: 20/33	Hinojosa, Regina (The Honorable)	00080440						
4	Date 04/03/2023	Payee name HEB							
6	Amount (\$) \$102.60	Payee address; City; State; Zip Code 1000 E. 41st St. Austin, TX 78751							
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 supplies								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/25/2023	Hadley, Lauren							
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 105 W 51st St Apt 4105 Austin, TX 78751-0006							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/02/2023	Hadley, Lauren							
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 105 W 51st St Apt 4105 Austin, TX 78751-0006							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ment						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)							
-	Sch: 14/26 Rpt: 21/33	Hinojosa, Regina (The Honorable)	00080440							
4	Date 04/26/2023	Payee name Hadley, Lauren								
6	Amount (\$) \$500.00	Payee address;City;State; Zip Code105 W 51st StApt 4105								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ment							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	rect Candidate/Officeholder name Office sought Office held								
	Date 01/26/2023	Payee name Hadley, Lauren								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 105 W 51st St Apt 4105 Austin, TX 78751-0006								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 06/27/2023	Payee name Hadley, Lauren								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 105 W 51st St Apt 4105 Austin, TX 78751-0006								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	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 Expense ittee Legal Services The Instruction Guide exp	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 15/26 Rpt: 22/33		Hinojosa, Regina (The Honorable) 00080440							
4	Date 03/28/2023		Payee name Hadley, Lauren							
6	Amount (\$) \$500.00		Payee address; City; State; Zip Code 105 W 51st St							
			pt 4105 ustin, TX 78751-0006		-					
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement							officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Office sou	ight			Office held		
	Date	Р	ayee name							
	01/03/2023	F	ill Country Springs							
	Amount (\$) Payee address; City; State; Zip Code \$7.58 10019 S I-35 Frontage Rd.									
	PURPOSE OF EXPENDITURE	(a) C	ustin, TX 78747 ategory _{(See Categories listed at the top of} office Overhead/Rental Expense	this schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense e		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office sou	ight			Office held		
	Date	Р	ayee name							
	02/02/2023	⊢	ill Country Springs							
	Amount (\$) \$7.58		ayee address; City; 0019 S I-35 Frontage Rd.	State; Zip Co	ode					
			ustin, TX 78747		1					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of ffice Overhead/Rental Expense	this schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office States Gift/Awards/Memorials Expense Elegal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 16/26 Rpt: 23/33	Hinojosa, Regina (The Honorable)	00080440							
4	Date 03/01/2023	Payee name Hill Country Springs								
6	Amount (\$) \$27.57	Payee address; City; State; Zip Code 10019 S I-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 water delivery fee 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/03/2023	Hill Country Springs								
	Amount (\$) \$89.56	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd. Austin, TX 78747								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ry fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/01/2023	Hill Country Springs								
	Amount (\$) \$50.07	Payee address;City;State;Zip Code10019 S I-35 Frontage Rd.								
		Austin, TX 78747								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ry fee							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

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 Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 17/26 Rpt: 24/33	Н	inojosa, Regina (The Honor	able)				00080440			
4	Date 06/01/2023		ayee name ill Country Springs								
6	Amount (\$) \$42.57	1	7 Payee address; City; State; Zip Code 10019 S I-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 water delivery fee									
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld		
	Date	P	ayee name								
	01/23/2023	н	inojosa, Gina								
	Amount (\$) \$20,000.00		ayee address; City; O Box 300095	State;	Zip Coo	e					
		A	ustin, TX 78703								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the Dan Repayment/Reimburse		edule)		ι, TX,	ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	łd		
	Date	P	ayee name								
	05/30/2023	н	opdoddy								
	Amount (\$) \$78.14		ayee address; City; 400 S Congress Ave Suite A		Zip Coc	e					
		A	ustin, TX 78704								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the bod/Beverage Expense	top of this sch	edule)		η, TX,	ide of Texas. Comp , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld		

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	iymer rheac bense pense 'ages	nt/Reimbursement I/Rental Expense e e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 18/26 Rpt: 25/33		Hinojosa, Regina (The Honorable)					00080440			
4	Date 04/19/2023		Payee name Hopdoddy								
6	Amount (\$) \$122.94		Payee address; City; State; Zip Code 1400 S Congress Ave Suite A190 Austin, TX 78704								
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 meal for staff 									
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	05/12/2023		Hopdoddy								
	Amount (\$) \$79.55		Payee address; City; State 1400 S Congress Ave Suite A190 Austin, TX 78704	; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	02/27/2023		Hopfields								
	Amount (\$) \$269.60		Payee address; City; State 3110 Guadalupe St Ste 400 Austin, TX 78705-2800	; Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense eting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			

	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 Gitl/Awards/Memorials Expens nittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense	
1	Total pages Schedule F1:	2					3	Filer ID (Eth	ics Commission Filers)	
-	Sch: 19/26 Rpt: 26/33		Hinojosa, Regina (The Honorabl	e)				00080440		
4	Date 01/20/2023		^p ayee name T Caucus							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de				
	\$250.00	I	PO Box 2910	,						
			Austin, TX 78768							
8	PURPOSE	(a) (Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE	(Contributions/Donations Made By Candidate/Officeholder/Political Committee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	02/21/2023		eague of Women Voters							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$500.00		L212 Guadalupe St							
			Ste 107							
		,	Austin, TX 78701-1801							
	PURPOSE	(a) (Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE	(Contributions/Donations Made B	y	ŕ	Check if travel		ide of Texas. Complete S		
		(Candidate/Officeholder/Political	Comm	ittee	Check if Austin	ι, TΧ,	, officeholder living exper	nse	
						Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	01/23/2023		egislative Study Group							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$1,000.00		PO Box 2910							
			Austin, TX 78768-2910							
	PURPOSE OF		Category (See Categories listed at the top of		edule)	(b) Description	_			
	EXPENDITURE		Contributions/Donations Made B Candidate/Officeholder/Political		ittoo			ide of Texas. Complete S , officeholder living exper		
				Comm	iiilee	Dues	, т л ,			
	Complete ONIL V if direct	Ĺ	andidata/Officeholder reme		Office com	vht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	JIIL		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expe Fees Food/Bever Gift/Awards Legal Servi	nse age Expense /Memorials Expens	L C F Se F S	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reim head/Renta ense bense uges/Contra	bursement I Expense act Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commission I	Filers)	
	Sch: 20/26 Rpt: 27/33		josa, Regina (T	he Honorabl	e)					00080440			
4	Date 01/06/2023	5 Paye NGF	e name ' Van										
6	Amount (\$) \$266.50	655 Ste 6	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738										
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 Database software 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candio	date/Officeholder	name	Off	fice soug	ht			Office h	eld		
	Date	Paye	e name										
	02/02/2023	NGF	' Van										
	Amount (\$)	Paye	e address; C	ity;	State;	Zip Coo	е						
	\$266.50	655	15th St NW										
		Ste 6 Was	650 hington, DC 20	005-5738									
	PURPOSE OF EXPENDITURE		gory _{(See Categorie} e Overhead/Re			ule)	□ c	heck if travel	ı, TX,	officeholder living	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder	name	Off	fice soug	ht			Office h	eld		
	Date	Paye	e name										
	03/02/2023	NGF	' Van										
	Amount (\$) \$266.50	655 Ste 6	15th St NW	ity; 005-5738	State;	Zip Coo	e						
	PURPOSE OF EXPENDITURE		gory _{(See Categorie} e Overhead/Re			ule)	C C	heck if travel	n, TX,	officeholder living	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder	name	Off	fice soug	ht			Office h	eld		
						_	_						

	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 Gift/Awards/Me hittee Legal Services		Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 21/26 Rpt: 28/33	F	linojosa, Regina (The	Honorable)				00080440				
4	Date 04/03/2023		Payee name NGP Van									
6	Amount (\$) \$266.50	6 S	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738									
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 Database software 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nar	ne C	Office soug	ht		Office held				
	Date	P	ayee name									
	05/02/2023	Ν	IGP Van									
	Amount (\$)	P	ayee address; City;	State;	; Zip Coo	le						
	\$266.50	6	55 15th St NW									
		S	ite 650									
			Vashington, DC 2000	5-5738								
	PURPOSE OF EXPENDITURE		ategory (See Categories lis Office Overhead/Renta		edule)		ι, TX,	de of Texas. Complete Schedule T. . officeholder living expense A re				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nar	ne C	Office soug	ht		Office held				
	Date	P	ayee name									
	06/02/2023		IGP Van									
	Amount (\$) \$266.50	6 S	ayee address; City; 55 15th St NW ste 650 Vashington, DC 2000!		; Zip Coo	le						
	PURPOSE OF EXPENDITURE		ategory _{(See Categories lis} Office Overhead/Renta		edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense A re				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder nar	ne C	Office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Poling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District nmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2								
-	Sch: 22/26 Rpt: 29/33		Hinojosa, Regina (The Honorable) 00080440							
4	Date 02/02/2023	5	Payee name Susan Harry Consulting							
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 00 PO Box 301074 Austin, TX 78703-0018								
8	PURPOSE OF EXPENDITURE	Consulting Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held							
	Date		Payee name							
	06/05/2023		Texas Blue Action Democrats							
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code PO Box 41424							
			Austin, TX 78704-0024							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee							
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held							
	Date		Payee name							
	02/02/2023		Texas Democratic Women							
	Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 301411							
			Austin, TX 78703							
	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 Contribution							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held							

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 Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 23/26 Rpt: 30/33		Hinojosa, Regina (The Honorable)				00080440			
4	Date	5	Payee name							
	06/30/2023		Texas Ethics Commission							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$800.00		P.O. Box 12070							
			Austin, TX 78711							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					Filer fee	I, IX	, officeholder living expense			
9	Complete ONLY if direct		Candidate/Officeholder name C)ffice sou	jht		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	01/31/2023		Texas Womens Health Caucus							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$500.00		PO Box 2910	·						
			Austin, TX 78768-2910							
_	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee		і, ТХ	, officeholder living expense			
					Dues					
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held			
	expenditure to benefit C/Oł				jint		Once neid			
_	Date		Payee name							
	02/02/2023		USPS							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$226.80		3507 North Lamar	•						
			Austin, TX 78703							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
			Solicitation/Fundraising Expense	,	Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE Check if Austin, TX, officeholder living expense									
					postage					
	Complete ONU V if direct	Ļ	Candidata/Officebolder come)ffico com	.ht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jiit		Onice neia			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
1	Sch: 24/26 Rpt: 31/33	Hinojosa, Regina (The Honorable)	00080440							
4	Date 01/13/2023	Payee name USPS								
6	Amount (\$) \$198.00	Payee address; City; State; Zip Code 3507 North Lamar								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense post office box rental 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/09/2023	Veracruz All Natural								
	Amount (\$) \$429.24	Payee address; City; State; Zip Code 111 E Cesar Chavez St. Austin, TX 78701								
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ning day of session							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/04/2023	Zoom								
	Amount (\$) \$69.28	Payee address;City;State;ZipCode55 Almaden Blvd								
		San Jose, CA 95113								
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ng software							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage B Gift/Awards/Men Legal Services	norials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
_		1_			on Guide explain	s how to co	omple	ete this form.	-			· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 25/26 Rpt: 32/33	2		E Legina (The	Honorable)				3	Filer ID 00080440	(Ethics	Commission Filers)
4	Date	5	-									
4	02/06/2023		Payee name Zoom									
6	Amount (\$) \$69.28	7	Payee addre 55 Almader San Jose, (n Blvd	Stat	e; Zip Co	ode					
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE			head/Renta				Check if travel	, TX,	de of Texas. Com officeholder living oftware		dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder nan	ne	Office sou	ıght			Office he	eld	
	Date		Payee name									
	03/06/2023		Zoom									
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	ode					
	\$70.35		55 Almadeı San Jose, (
	PURPOSE OF EXPENDITURE	(a)		ee Categories list head/Renta	ed at the top of this s I Expense	chedule)	(b)		, TX,	de of Texas. Com officeholder living offtware		dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder nan	ne	Office sou	ight			Office he	eld	
	Date		Payee name									
	04/04/2023		Zoom									
	Amount (\$) \$70.35		Payee addre 55 Almader		Stat	e; Zip Co	ode					
			San Jose, (CA 95113			-					
	PURPOSE OF EXPENDITURE	(a)		ee Categories list head/Renta	ed at the top of this so I Expense	chedule)	(b)		, TX,	de of Texas. Com officeholder living offtware		dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder nan	ne	Office sou	ight			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event ExpenseLoan RepaymFeesOffice OverheFood/Beverage ExpensePolling ExpenGift/Awards/Memorials ExpensePrinting Expen	nent/Reimbursement Solicitation/Fundraising Expense aad/Rental Expense Transportation Equipment & Related Expense ise Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 26/26 Rpt: 33/33	linojosa, Regina (The Honorable)	00080440							
4	Date	ayee name	·							
	05/04/2023	Zoom								
6	Amount (\$) \$70.35	7 Payee address; City; State; Zip Code 570.35 55 Almaden Blvd San Jose, CA 95113								
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 virtual meeting software									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sough	t Office held							
	Date	Payee name								
	06/05/2023	Coom								
	Amount (\$) \$70.35	Payee address; City; State; Zip Code 5 Almaden Blvd San Jose, CA 95113								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense virtual meeting software 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sough	t Office held							