## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

_							
Th	e C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commiss 00085720	ion Filers)	2 Total pages	filed: 23
3	CANDIDATE /	MS / MRS / MR	FIRST	1	MI		
ľ	OFFICEHOLDER				IVII	OFFICE	USE ONLY
	NAME	The Honorable	Lj			Date Received	
l						ELECTRONIC	CALLY FILED
l							S/ILLI I ILLD
l		NICKNAME	LAST		SUFFIX	07/17/2023	
l			Francis				
4	CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #: CIT	· · · · · · · · · · · · · · · · · · ·	ZIP CODE	Date Hand-delivered	or Date Postmarked
*	OFFICEHOLDER			Τ,	ZIP CODE	Bate Haria delivered	of Bate i ostinarica
	MAILING	4833 Saratoga Blvd. #1	14				T
l	ADDRESS					Receipt #	Amount
l	Change of Address	Corpus Christi, TX 7841	3-2213				
l	L °	Corpus Offinsti, 170 1041	0 2210			Date Processed	
l							
l						Date Imaged	
l							
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	=	
l	TREASURER	Mr.	Michael				
l	NAME	livii.	MICHAEI				
l							
l		NICKNAME	LAST		SUFFIX		
l			Bergsma				
l							
6	CAMPAIGN	STREET ADDRESS (NO F	O BOY DI EACE):	ADT	/ SUITE #; CITY;		TATE; ZIP CODE
ľ	TREASURER		O BOX PLEASE),	APT	/ SUITE #, CITT,	3	TATE, ZIP CODE
l	ADDRESS	615 Leopard Street					
l	(Residence or Business)	Suite 430					
l	(Nesidence of Business)	Corpus Christi, TX 7840	1				
l		,					
l							
7	CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
l	TREASURER	(361) 537-6964					
l	PHONE	(301) 337-0304					
L							
8	REPORT TYPE				–	<b>.</b>	
l	IIFE	January 15	30th day before	e election F	Runoff	15th day after o	ampaign treasurer fficeholder only)
l		X July 15	8th day before	olection $\square$	Exceeded modified	_	ttach C/OH-FR)
l		X July 15	Our day before		eporting limit	Final Report (A	llacii C/OH-FK)
ᆫ							
9	PERIOD	Month Day Yea			Month Day	Year	
l	COVERED	01/01/2023	TH	HROUGH	06/30/202	3	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
l		Month Day Yea	r	rimary	Runoff	Other	
l						ш	
l				Seneral	Special		
11	OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
		State Board Of Education	n District 2		332 333311		
l		State Board Of Education	DISTRICT 2				
L							
			CO 3	O DAGE 2			
				O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Francis, Lj (The Hono	orable)	<b>14</b> Filer ID 00085720	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 16,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 11,849.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 29,103.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The H	onorable Lj Francis	
		Signature of	f Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

					VLK	SIILLI	3 of 23
18		R NAM cis, Lj	ME j (The Honorable)	<b>19</b> Filer ID 00085720	(Ethics (	Commissio	n Filers)
ı	SCHEDULE SUBTOTALS  NAME OF SCHEDULE					BTOTAL A	MOUNT
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		16,450.00
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
	4.		SCHEDULE E: LOANS		\$		
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$		11,469.16
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
	8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
	9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		379.89
	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 FOR TO FILER	RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 1/1 Rpt: 4/23	
2	FILER NAME					3	Filer ID (Ethics Commissi	ion Filers)
	Francis, Lj (1			_			00085720	
4 Date 03/27/2023		Ben	name of contributor nett, Montgomery			7	Amount of Contribution (\$)	\$3,000.00
			ributor address; City; State	e; Zip Code				
	Dallas, TX 75254							
8	Principal occu NA	pation / J	ob title (See Instructions)		9 Employer (See Instructions NA	5)		
	Date	Full r	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/18/2023	Cha	rter Schools Now PAC					\$3,000.00
		Cont	ributor address; City; State	e; Zip Code				
		TX						
	Dringing con		ah titla (Caa Instructions)	ı	Employer (Co.) Instructions	<u></u>		
	Principal occu	palion / J	ob title (See Instructions)		Employer (See Instructions	•)		
	Date	Full r	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/15/2023	Hutt, Jeffery				\$100.00		
		Cont	ributor address; City; State	e; Zip Code				
		Roc	kport, TX 78382					
	Principal occu	<u>I</u> pation / J	ob title (See Instructions)		Employer (See Instructions	<u> </u>		
	Beekeeper				Self-Employed			
	Date	Full r	name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/06/2023	Sea	man, Eugene	_				\$350.00
		Cont	ributor address; City; State					
		C = ##	Obrieti TV 70412					
	Dringing Loggy	<u> </u>	ous Christi, TX 78413	ı	Employer (Co.) Instructions	<u></u>		
	Retired	pation / J	ob title (See Instructions)		Employer (See Instructions NA	)		
		F		1	14/1		Amount of Contribution (f)	
	Date 06/29/2023	l	name of contributor ekley,Richard Weekley	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10,000.00
	00/29/2023			ay Zin Codo				Φ10,000.00
		Cont	ributor address; City; State	e, zip Code				
		Hou	ston, TX 77027					
	Principal occu	pation / J	ob title (See Instructions)		Employer (See Instructions	)		
	Real Estate	Develop	er		Self			
_				L				

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/14 Rpt: 5/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	01/17/2023	A's Cleaners
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.15	5555 S. Staples Street
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Suit Cleaning Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Cleaners
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2023	A's Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.11	5555 S. Staples Street
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cleaners
		Cleaners
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/27/2023	Payee name A's Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.93	5555 S. Staples Street
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Cleaners
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 6/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	04/07/2023	A's Cleaners
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.48	5555 S. Staples Street
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cleaners Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  cleaners
		dealiers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	06/29/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.30	1340 Poydras St. Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		processing/transfer fee
		processing/transfer rec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	B
	Date 05/11/2023	Payee name Arrow Display Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$427.59	1343 South Staples
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banner
		Damei
_	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		<del>e</del> )
_	Total marca Cabadula E1.		- Filoro\
1	Total pages Schedule F1: Sch: 3/14 Rpt: 7/23	2 FILER NAME Francis, Lj (The Honorable) 3 Filer ID (Ethics Commission 00085720	riieis)
4	Date	5 Payee name	
	03/30/2023	BUC-EE'S #22	
6	Amount (\$) \$11.44	7 Payee address; City; State; Zip Code  TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  snack	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/03/2023	CC Turnkey Events LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,941.22	1002 Santa Fe Street	
		Corpus Christi, TX 78404	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Inauguration	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	02/17/2023	CIRCLE K 04058	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.69		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		fuel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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

	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: 4/14 Rpt: 8/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	03/30/2023	Circle K 1074
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.12	21901 IH 35 N
		New Braunfels, TX 78132
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  drink
		UIIIK
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	01/17/2023	Cooper's BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.15	217 Congress Ave
		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  Lunch
		Lunch
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name DOUBLETREE SUITES
	02/21/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.04	
		austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lodging
		Loughig
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
1		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	e this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers	)
Sch: 5/14 Rpt: 9/23	Francis, Lj (The Honorable)		00085720	
4 Date	5 Payee name		-	_
01/03/2023	De Leon, Maricela			
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip C	ode		
\$1,500.00				
	тх			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description	
OF	Consulting Expense	l` ´ Ē	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
		=	Event Planner	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sor	ught	Office held	
Date	Payee name			
03/30/2023	Empire 8187			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$23.38	3958 Saratoga Blvd.			
	Corpus Christi, TX 78415			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description	
OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
		L	Check if Austin, TX, officeholder living expense  Uel	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held	
expenditure to benefit C/OI		J		
Date	Payee name			_
04/13/2023	III FORKS 350			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$30.06				
,				
	austin, TX 78701			
PURPOSE		(h) D	Description	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	1 Jour Develage Expense		Check if Austin, TX, officeholder living expense	
		fc	ood	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held	
experialitie to beliefft 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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 10/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	04/18/2023	Marks Cleaners
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.60	5702 Everhart RD
		Corpus Christi, TX 78413
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	cleaners Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		cleaners
		dictiliers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	05/03/2023	Marks Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.26	5702 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	cleaners Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		cleaners
		0.033.10.10
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	06/26/2023	Marks Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.72	5702 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	cleaners Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		cleaners
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

#### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
By - Gift/Awards/Memorials Expense
ical Committee Legal Services

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

ent Solicitation/Fundraising Expense
se 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: 7/14 Rpt: 11/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	02/21/2023	PILOT #1135
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.80	
		falfurrias, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		T del
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	the state of the s
	Date	Payee name
	01/03/2023	Palmore, Jason
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	
		TX
	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
		Inauguration Music Talent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	01/30/2023	Quicktrip 04058
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.76	4142 S Loop 1604 E
		San Antonio, TX 78264
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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: 8/14 Rpt: 12/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	03/30/2023	Quiktrip
6	Amount (\$) \$43.21	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	
J	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2023	Refugio Travel Center
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 720 victoria hwy
		Refugio, TX 78377
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/05/2023	Shell Victoria
	Amount (\$) \$75.34	Payee address; City; State; Zip Code
		Victoria, TX 77904
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/Ol	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

rsement Solicitation/Fundraising Expense

xpense 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: 9/14 Rpt: 13/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	01/04/2023	Shoocha Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,024.28	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography
		Εποιοθιαμιίν
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	D-1-	
	Date	Payee name
	02/18/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.58	1816 W Tyler Ave
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		beverage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date 01/17/2023	Payee name
		Stripes 2101
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.02	5701 Everhart RD
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		1 461
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

		The instruction dulue explains now to co	ilipic	ate tills form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 14/23	Francis, Lj (The Honorable)		00085720
4		5 Payee name		
Ļ	02/10/2023	Stripes 2201		
6	Amount (\$) \$32.08	7 Payee address; City; State; Zip Co	de	
	<b>Φ</b> 32.06	6240 south hwy 77		
		Riviera, TX 78379		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	01/06/2023	Stripes 5148		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$38.64	809 N. Cage		
L		Pharr, TX 78577		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
				Fuel
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	experience to believe even			
	Date	Payee name		
	02/21/2023	Stripes 9112		
	Amount (\$) \$65.75	Payee address; City; State; Zip Co 1826 W Tyler	ae	
	Ψ03.73	1020 W Tylei		
		Harlingen, TX 78550		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				fuel
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ar.	S.IIIGO FIGUR
$\vdash$				

#### 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/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: 11/14 Rpt: 15/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	02/21/2023	TAKE 5 #708
6	Amount (\$) \$88.16	7 Payee address; City; State; Zip Code edinburg, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Car
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	TEXAS CHILI PARLOR
	Amount (\$) \$19.61	Payee address; City; State; Zip Code  TX
	PURPOSE	<u></u>
	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  Food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2023	TEXAS GAME WARDEN PEACE OFFICERS ASSOCIATION
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 4367 FM 1047
		hamilton, TX 76531
	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 Donations to Children's 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 Conditary/Officebudge/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

	Candidate/Officeholder/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: 12/14 Rpt: 16/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
	04/15/2023	The Root Cellar Cafe
6	Amount (\$) \$25.57	7 Payee address; City; State; Zip Code 215 n lbj dr
		san marcos, TX 78666
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the polyment of Taylor Complete Schedule T
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	Walk-On's
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.41	415 W Trenton Rd.
		Edinburg, TX 78539
	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
		food/beverage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	Wells Fargo
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		WIRE TRANS SVC CHARGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

#### 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 17/23	Francis, Lj (The Honorable) 00085720
4	Date	5 Payee name
l	02/21/2023	YATZIRY FLOWER SHOP
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code
		TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Decor
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	01/03/2023	celebrations
	Amount (\$) \$276.04	Payee address; City; State; Zip Code 3636 Alameda st ste G
		Corpus Christi, TX 78411
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Inauguration
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
L	03/23/2023	chevron 00305850
	Amount (\$) \$63.72	Payee address; City; State; Zip Code 868 fm 99
		whitsett, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 18/23	Francis, Lj (The Honorable)		00085720
4	Date	5 Payee name		
	05/11/2023	circle k 0431		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$39.00	1328 hwy 35 s		
l				
l		rockport, TX 78382		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel in District		Check if Austin, TX, officeholder living expense
l				fuel
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
l	expenditure to benefit C/O	1		
F	Date	Payee name		
l	02/16/2023	valero empire 8187		
┢	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$5.95			
l				
l		TX		
⊢	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Deverage Expense		Check if Austin, TX, officeholder living expense
l				drink
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
l	expenditure to benefit C/O	1		
l				
l				
1				

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpense /ages/Contract Labor		Travel in Dis Travel Out o OTHER (ent		ed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/5 Rpt: 19/23		Francis, Lj (	The Honorable	)				0008572	20	
4	Date	5	Payee name								
	05/08/2023		7-Eleven Bu	uda							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$37.06		18210 IH-3	5 South							
	Reimbursement from political contributions intended		Buda, TX 7	8610							
8	PURPOSE	(a)	Category (S	ee Categories listed at t	the top of this sche	edule)	(b) Description	Ch	neck if travel o	outside of Texas. Cor	nplete Schedule T.
	OF EXPENDITURE		Travel Out	of District			[	Ch	neck if Austin,	TX, officeholder living	g expense
							Fuel				
9	Complete ONLY if direct		adidato/Offical	aoldor nama			Office cought			Office held	
9	expenditure to benefit C/OH	car	ndidate/Office	юшен паппе			Office sought			Onice riela	
	Date		Payee name								
	05/01/2023		7-Eleven								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$16.66		814 s closn	er blvd							
	Reimbursement from political contributions intended		edinburg, T	X 78539							
	PURPOSE		Category (S	ee Categories listed at t	the top of this sche	edule)	Description			outside of Texas. Cor	
	OF EXPENDITURE		Travel In Di	strict			[ 	Ch	neck if Austin,	TX, officeholder living	g expense
							fuel/snack				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought			Office held	
	C/OH										
H	Date		Payee name								
	02/02/2023		Chick-Fil-A	#02992							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$16.96			-							
	Reimbursement from political contributions intended		austin, TX								
	PURPOSE		Category (S	ee Categories listed at t	the top of this sche	edule)	Description	_		outside of Texas. Cor	
	OF EXPENDITURE		Food/Bever	age Expense			f I	L Ch	neck if Austin,	TX, officeholder living	g expense
							food				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought			Office held	

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Polling Ex Printing 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 h	now to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 2/5 Rpt: 20/23		Francis, Lj (The Honorable)				00085720	
4	Date	5	Payee name					
	06/20/2023		Maiko Sushi					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			_
	\$40.56		207 San Jacinto Ste 202					
	Reimbursement from							
	political contributions intended		austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Food/Beverage Expense			Che	eck if Austin, TX, officeholder living expense	
	EXI ENDITORE				food			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
H	Date	Τ	Payee name					=
	02/03/2023		Quicktrip 04058					
	Amount (\$)	+		Zip Co	nde			-
	\$78.95		4142 S Loop 1604 E	2.p 00	540			
	Reimbursement from		11.12 @ 2000 100 . 2					
	political contributions intended		San Antonio, TX 78264					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Travel In District		L	Che	eck if Austin, TX, officeholder living expense	
					Fuel			
	Operation ONLY if direct		adidate (Office Includes a conse		Office a complete		Office health	_
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held	
	C/OH							
	Date		Payee name					_
	05/18/2023		Shell SM					
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode			_
	\$46.00		207 South I-35					
	Reimbursement from							
	X political contributions intended		San Marcos, TX 78666					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Travel Out of District			Che	eck if Austin, TX, officeholder living expense	
					Fuel			
		Ĺ						_
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held	
	C/OH							
								٦
ı								

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rer Food/Beverage Expense Polling Expense /- Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Coni	Travel in District  Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule G: Sch: 3/5 Rpt: 21/23	FILER NAME     Francis, Lj (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085720
_		,	00000120
4	Date 02/02/2023	5 Payee name Starbucks Store #6368	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.90	501 West 15th Street	
	Reimbursement from political contributions intended	Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	Scription Check if travel outside of Texas. Complete Schedule T.
ľ	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Bevera	ane
			.50
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	ce sought Office held
	Date	Payee name	
	03/30/2023	Stripes 2101	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.83	5701 Everhart RD	
		3701 Evernare No	
	X Reimbursement from political contributions intended	Corpus Christi, TX 78413	
	PURPOSE	Category (See Categories listed at the top of this schedule) Des	Scription Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		fuel	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	ce sought Office held
	C/OFI		
	Date	Payee name	
	04/10/2023	Stubb's Bar-B-Q	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.43	801 Red River	
	Reimbursement from		
	y political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule) Des	Scription Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Lunch	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	ce sought Office held

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services	Polling Ex Printing E		Tra Tra	ansportation Equipment & Related Expense avel in District avel Out of District 'HER (enter a category not listed above)	•
	Credit Card Payment		The Instruction Guide explains h	now to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME			3 Fil	er ID (Ethics Commission File	rs)
	Sch: 4/5 Rpt: 22/23		Francis, Lj (The Honorable)			oc	0085720	
4	Date	5	Payee name					
	05/17/2023		Tex Best Travel Center					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$18.43		20290 Interstate Highway 37 South					
	Reimbursement from							
	X political contributions intended		Elmendorf, TX 78112					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check	if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Food/Beverage Expense			Check	if Austin, TX, officeholder living expense	
	LXI LINDITORL				food/beverage			
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
	Date		Payee name					
	02/20/2023		Walk-On's					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$31.41		415 W Trenton Rd.					
	Reimbursement from							
	X political contributions intended		Edinburg, TX 78539					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check	if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Food/Beverage Expense			Check	if Austin, TX, officeholder living expense	
	EXI ENDITORE				Lunch			
	· —	Car	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
		_						
	Date		Payee name					
	01/05/2023		Zoes Kitchen #215					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$26.72		3400 EXPY 83 Ste 700					
	Reimbursement from							
	X political contributions intended		McAllen, TX 78501					
	PURPOSE	Γ	Category (See Categories listed at the top of this sche	dule)	Description	Check	if travel outside of Texas. Complete Sche	dule T.
	OF EXPENDITURE		Food/Beverage Expense			Check	if Austin, TX, officeholder living expense	
					Food			
		Car	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
$\vdash$	-							

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 23/23 Francis, Lj (The Honorable) 00085720 Date Payee name 04/14/2023 cava Amount (\$) Payee address; City; State; Zip Code \$19.76 2426 guadalupe street Reimbursement from political contributions intended austin, TX 78705 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2023 stripes 40823 Amount (\$) Payee address; City; State; Zip Code \$6.22 2022 rodd field rd Reimbursement from political contributions Х corpus christi, TX 78412 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** drink Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH