CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00062288		s filed: 203	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
	The Honorable	Matthew M.				
NAME					Date Received	
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	Dade	Phelan				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER	Post Office Box 5990					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Austin TX 70762					
	Austin, TX 78763				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	William F.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Scott				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	ΔΡ	/ SUITE #; CITY;		STATE; ZIP CODE
TREASURER	1735 West Cardinal Drive		74		·	
ADDRESS	1755 West Cardinal Drive					
(Residence or Business)						
	Beaumont, TX 77705					
7 CAMPAIGN	AREA CODE PHON	E NUMBER	EXTENSION			
TREASURER	(409) 727-4801					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer
		- -			-	(officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report ((Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2023	11	IROUGH	06/30/2023	3	
10 ELECTION	ELECTION DATE Month Day Year)rimon (ELECTION TYPE	Othor	
	Month Day Year 03/05/2024	XF	Primary	Runoff	Other	
	03/03/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 21		State Representa	tive District 2	1
	<u> </u>			I		
		CO 7				
			TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	6	Ve	rsion V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 203

13 C / OH NAME	Phelan, Matthew M. (The Honorable)	14 Filer ID (1 00062288	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL	Texans for Dade							
		COMMITTEE ADDRESS							
	X SPECIFIC	PO Box 5990							
		Austin, TX 78763	Austin, TX 78763						
		Scott, William							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
		1735 W Cardinal Dr							
		Beaumont, TX 77705							
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$									
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 944,662.19					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,770,452.41					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Honora	able Matthew M. Phel	lan					
		Signature of	Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subso	Sworn to and subscribed before me, by the said day								
	of, 20, to certify which, witness my hand and seal of office.								
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath					

FORM C/OH COVER SHEET PG 3 3 of 203 19 Filer ID 00062288 SUBTOTAL AMOUNT

Phelan, Matthew M. (The Honorable)	00062288	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 447,850.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIE	3UTIONS :	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	:	\$
4. SCHEDULE E: LOANS	:	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL C	ONTRIBUTIONS	\$ 882,121.68
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	:	\$ 25,778.62
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL		\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	:	\$ 36,761.89
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FU	JNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO) A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND COU TO FILER	\$	

SUBTOTALS - C/OH

18 FILER NAME

<u> </u>						
	The Instru	ction Guide explains how	orm.	1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/203		
2	FILER NAME				3 Filer ID (Ethics Commiss	ion Filers)
		hew M. (The Honorable)			00062288	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	06/28/2023	Ancira Strategic Partners,				\$1,000.00
		6 Contributor address; City; Sta	ate; Zip Code			
		Austin, TX 78701				
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)					S)	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/27/2023	Arnold, Greg				\$25,000.00
		Contributor address; City; Sta				
		Texarkana, TX 75504				
Principal occupation / Job title (See Instructions) Employer (See Instruction						
President & CEO Truman Arnold Compa					nes	
	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	
	06/27/2023 Association of Fire and Casualty Companies of Texas PAC					\$1,000.00
	Contributor address; City; State; Zip Code					
		Austin TV 20201				
⊢	Dringinglagou	Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
╘						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	#0 500 00
	06/28/2023	Autry Public Affairs LLC				\$2,500.00
		Contributor address; City; Sta	ate; Zip Code			
		Austin, TX 78739				
⊢	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	i incipal occu				5)	
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/29/2023	Bryan, Bradley	Out-of-state PAC (ID#)		\$5,000.00
						\$ 5,000.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)	
Govt Affairs Consultant Bryan & Associates						
⊢						

	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Fotal pages Schedule A1: Sch: 2/7 Rpt: 5/203	
2	FILER NAME				3 F	Filer ID (Ethics Commissi	on Filers)
		hew M. (The Honorable)				00062288	,
4	Date	5 Full name of contributor	t-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
	06/26/2023	Byrne, J. Tim				\$10,000.00	
		6 Contributor address; City; State; Zi		1			
		Dallas, TX 75205					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	CEO			Lincoln Property Compa	any		
⊨	Date	Full name of contributor	t-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
	06/29/2023	Casselberry, Craig		/			\$250.00
		Contributor address; City; State; Zi			·		,
		Contributor address, City, State, Zi	peoue				
		Austin, TX 78732					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Govt Affairs Consultant Quorum Public Affairs,						
╞							
	Date		t-of-state PAC (ID#:)	^	Amount of Contribution (\$)	+75 000 00
	06/28/2023	Crow, Harlan R.					\$75,000.00
		Contributor address; City; State; Zi	p Code				
		Dallas, TX 75219					
		pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Real Estate	Developer		Crow Holdings LLC			
	Date	Full name of contributor 🛛 ou	t-of-state PAC (ID#:)	<i>4</i>	Amount of Contribution (\$)	
	06/26/2023	Farmer, Curtis					\$500.00
		Contributor address; City; State; Zi					
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date	Full name of contributor	t-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
	06/21/2023 Gordy, Jennifer						\$1,000.00
	Contributor address; City; State; Zip Code						
		Beaumont, TX 77706					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Executive Director AGC of Southeast Tex						
\vdash							

	The Instru	ction Guide explains how to cor	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/203	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Phelan, Matt	hew M. (The Honorable)				00062288	
4	Date	5 Full name of contributor 🗌 out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/27/2023	Henderson, John				\$100.00	
	ł	6 Contributor address; City; State; Zip (
	ļ	1					
	ļ	1					
		Austin, TX 78613					
		pation / Job title (See Instructions)		9 Employer (See Instructions))		
	CEO & Presi			TORCH	_		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2023	Henry, Matthew C.					\$2,500.00
	ļ	Contributor address; City; State; Zip (
	ļ	1					
	ļ						
		Dallas, TX 75218	r		Ļ		
	-	pation / Job title (See Instructions)		Employer (See Instructions)		
L	SVP & Electi			Oncor Electric	_		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	HillCo PAC					\$5,000.00
	ļ	Contributor address; City; State; Zip (Code				
	ļ	1					
	ļ						
		Austin, TX 78701	r		Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
╘					_		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2023	HillCo PAC					\$10,000.00
	ļ	Contributor address; City; State; Zip (Code				
	ļ	1					
	ļ	Austin, TX 78701					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Phincipai occu)		
⊨	D - 4 -				_	1 (Ω - antribution (Φ)	
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	ቀፍ ባበብ በብ
	06/22/2023	Independent Bankers Association					\$5,000.00
	ļ	Contributor address; City; State; Zip (Code				
	ļ	1					
	ļ	Austin, TX 78701					
┝	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	.)		
	Thiopa oosa)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/203	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
		hew M. (The Honorable)			00062288	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	Johnson, Michael			\$5,000.00	
		6 Contributor address; City; State; Zip Code	1			
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Govt Affairs	Consultant	Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	06/28/2023	Kelley, Russell T.				\$50,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Govt Affairs	Consultant	Blackridge			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2023	Lanagan, Lindsay				\$500.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Houston, TX 77009				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vice Preside	nt	Legacy Community Hea	alth		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/27/2023	MOAK CASEY PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Malone, Mark				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78768				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Govt Affairs	Consultant	M Group Strategies			

SCHEDULE	A1
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The Instruction Guide explains how to complete this form. 1 Total pages Statude A1: Sch: 5/7 Rpt: 8/203 2 FLER NAME Phelan, Matthew M. (The Honorable) 3 File: [Effic: 0 (Effic: Commission Filers) 00052288 4 Date 06/20/2020 5 Full name of contributor inter AC (00= 000393948 7 Amount of Contribution (\$) 00052280 6 Contributor address; City, State; Zip Code 7 Carroliton, TX 75006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 06/26/2023 Full name of contributor in out-of-state PAC (IDF;	The instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/203 2 FILER NAME 9 Filer ID (Ethics Commission Filers) 06/20/2023 Sch: 5/7 Rpt: 8/203 4 Date 5 Full name of common T in the common of the com							
Phelan, Matthew M. (The Honorable) 00062288 4 Date 5 Full name of contributor i out-state PAC (IDF C00393348 7 Amount of Contribution (\$) \$2,500.00 6 Contributor address; City: State; Zip Code Carroliton, TX 75006 7 Amount of Contribution (\$) \$2,500.00 8 Principal occupation / Job tite (See instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date O6/26/2023 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 06/26/2023 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 06/26/2023 Full name of contributor out-of-state PAC (IDF Amount of Contribution (\$) 06/26/2023 Full name of contributor Ondor state PAC (IDF Amount of Contribution (\$) 06/26/2023 Full name of contributor Ondor state PAC (IDF Amount of Contribution (\$) 06/26/2023 Full name of contributor Ondor state PAC (IDF Amount of Contribution (\$) 06/26/2023 Rangers Baseball Express LLC Commbutor address; City; State; Zip Code Amount of Contribution (\$) 06/27/2023 Full name of contributor Onor of state PAC (IDF Amount of Contribution (\$) <th>Phelan, Matthew M. (The Honorable) 00062288 4 Date 5 Full name of contributor 1 out-state PAC (IDP: C00393348 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2,500.00 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDP:</th> <th></th> <th>The Instrue</th> <th>ction Guide explains how to complete this f</th> <th>orm.</th> <th>1</th> <th></th> <th></th>	Phelan, Matthew M. (The Honorable) 00062288 4 Date 5 Full name of contributor 1 out-state PAC (IDP: C00393348 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$2,500.00 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDP:		The Instrue	ction Guide explains how to complete this f	orm.	1		
Phelan, Matthew M. (The Honorable) 00062288 4 Date 5 Full name of contributor 1 out-state PAC (ID=_C00393348 7 06/20/2023 6 Contributor address; City State; Zip Code 7 0 Bate 6 Contributor address; City State; Zip Code 7 06/20/2023 Full name of contributor 9 Employer (See Instructions) 7 0 Bate Optication, TX 75006 9 Employer (See Instructions) Amount of Contribution (\$) 0 Bate Full name of contributor out-of-state PAC (ID=	Phelan, Matthew M. (The Honorable) 00062288 4 Date 5 Full mame of contributor 1 aut-ot-state PAC (IDE: C00393348 7 Amount of Contribution (\$) 06/20/2023 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) \$2,500.00 8 Principal occupation / Job title (See instructions) 9 Employer (See instructions) Amount of Contribution (\$) \$2,500.00 Date Full name of contributor out-of-state PAC (IDE:	2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
06/20/2023 Marchant Good Government Fund \$2,500.00 6 Contributor address; City; State; Zip Code	06/20/2023 Marchant Good Government Fund \$2,500.00 6 Contributor address; City; State; Zip Code Carrollton, TX 75006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O6/20/2023 Full name of contributor out-of-state PAC (DF Amount of Contribution (\$) Date Data Contributor address; City; State; Zip Code S50.000.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DF: Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DF: Amount of Contribution (\$) D6/23/2023 Full name of contributor out-of-state PAC (DF: Amount of Contribution (\$) Date Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25,000.00 Contributor address; City; State; Zip Code Date Amount of Contribution (\$) \$25,000.00 O6/27/2023 Full name of contributor out-of-state PAC (DF: Amount of Contribution (\$) \$25,000.00 Contributor address; City; State; Zip Code Dalas, TX 75225 Employer (See I			hew M. (The Honorable)				,
6 Contributor address: City; State: Zip Code Carrollton, TX 75006 Carrollton, TX 75006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Dot;) Amount of Contribution (\$) 06/26/2023 Nye Jr., Erle A. S50,000.00 Contributor address: City; State: Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Oncor Electric Date Full name of contributor out-of-state PAC (Dot;) O6/23/2023 Full name of contributor out-of-state PAC (Dot;) O6/23/2024 Full name of contributor out-of-state PAC (Dot;) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Contributor address: City; State: Zip Code	6 Contributor address; City; State: Zip Code Carroliton, TX 75006 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDE:	4	Date	5 Full name of contributor X out-of-state PAC (ID#:) (00393348	7	Amount of Contribution (\$)	
2 Carroliton, TX 75006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Od/26/2023 Full name of contributor out-of-state PAC (DE:	Carrollton, TX 75006 Principal occupation / Job title (See Instructions) Date 06/26/2023 Full name of contributor out-of-state PAC (De Object Date 06/26/2023 Principal occupation / Job title (See Instructions) Oncorr Electric Date Of/23/2023 Principal occupation / Job title (See Instructions) Oate 06/23/2023 Rangers Baseball Express LLC Contributor address; City; State: Zip Code Of/23/2023 Principal occupation / Job title (See Instructions) Oncorr Electric Ode Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address; City; State: Zip Code Date Full name of contributor 06/27/2023 Rees-Jones, Trevor D. Contributor address; City; State: Zip Code Amount of Contribution (\$) Date Full name of contributor aut-of-state PAC (De Date Full name of contributor Aut-of-state PAC (De Dalas, TX 752		06/20/2023	Marchant Good Government Fund				\$2,500.00
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06/27/2023 Rees-Jones, Trevor D. \$25,000.00 Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) Rogers, Regina Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/22/2023 Rogers, Regina \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00	06/27/2023 Rees-Jones, Trevor D. \$25,000.00 Contributor address; City; State; Zip Code Same State; Zip Code Dallas, TX 75225 Employer (See Instructions) Investments Employer (See Instructions) Notestate Rees-Jones Holdings Date Full name of contributor 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Amount of Contribution (\$) State; Zip Code Same State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Regers, Regina Same State; Zip Code Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Principal occu	-	Employer (See Instructions	<u> </u>		
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Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Investments Date Full name of contributor out-of-state PAC (ID#:) Rogers, Regina 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Investments Date Full name of contributor out-of-state PAC (ID#:) Rogers, Regina 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Γ	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
Dallas, TX 75225 Principal occupation / Job title (See Instructions) Investments Employer (See Instructions) Rees-Jones Holdings Date Full name of contributor or out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Dallas, TX 75225 Principal occupation / Job title (See Instructions) Investments Employer (See Instructions) Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Amount of Contribution (\$) \$10,000.00 06/22/2023 Rogers, Regina \$10,000.00 Beaumont, TX 77706 Employer (See Instructions) \$10,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10,000.00		06/27/2023	Rees-Jones, Trevor D.				\$25,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code \$10,000.00 Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Amount of Contribution (\$) Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code \$10,000.00 Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Amount of Contribution (\$) Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code \$10,000.00 Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions) Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Contributor address; City; State; Zip Code Amount of Contribution (\$) Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)			Dallas TX 75225				
Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Amount of Contribution (\$) Contributor address; City; State; Zip Code full name of contributor \$10,000.00 Beaumont, TX 77706 Employer (See Instructions) Employer (See Instructions)	Investments Rees-Jones Holdings Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Rogers, Regina Amount of Contribution (\$) Contributor address; City; State; Zip Code \$10,000.00 Beaumont, TX 77706 Employer (See Instructions)	_	Principal occu		Employer (See Instructions	<u>ا</u>		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/22/2023 Rogers, Regina \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/22/2023 Rogers, Regina \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)					5)		
06/22/2023 Rogers, Regina \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)	06/22/2023 Rogers, Regina \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)					Г	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions))			\$10,000,00
Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)							\$10,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)							
				Beaumont, TX 77706				
Attorney Self Employed	Attorney Self Employed	Γ	Principal occu	pation / Job title (See Instructions)		5)		
		L	Attorney		Self Employed			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/203	
2	FILER NAME Phelan, Matt	hew M. (The Honorable)		3	Filer ID (Ethics Commission 00062288	n Filers)
4	Date 06/23/2023	5 Full name of contributor out-of-state PAC (ID#: Sewell, Carl		7	Amount of Contribution (\$)	25,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75220				
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions) Sewell Automotive	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/26/2023	Susser, Sam L.			\$	25,000.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75220				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Chairman/Cl	<u>±0</u>	Susser Bank			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/20/2023	Texans for Lawsuit Reform PAC			\$	25,000.00
	Contributor address; City; State; Zip Code					
	l	Houston, TX 77027				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/21/2023	Texas Medical Association PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
	7.1.1.1.2.2.2.	Austin, TX 78701	The second se			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/28/2023	Texas Sands PAC			\$	\$15,000.00
	Contributor address; City; State; Zip Code					
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		

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	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/203		
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		hew M. (The Honorable)				00062288	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	06/21/2023	The Beer Alliance of Texa			\$10,000.00		
		6 Contributor address; City; St	butor address; City; State; Zip Code				
Austin, TX 78701							
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2023	Weekley, Richard W.	—				\$25,000.00
		Contributor address; City; St					
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate	Developer		Weekley Properties			
⊨	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 White, David					Amount of Contribution (\$)	
							\$5,000.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	CEO			Public Blueprint			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2023	Whole Sale Beer Distribut	ors of Texas PAC				\$10,000.00
		Contributor address; City; St					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/28/2023 Williams, Thomas D.						\$1,000.00
	Contributor address; City; State; Zip Code						
		Navasota, TX 77868					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Govt Affairs Consultant Williams Public Affairs						

	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 explain:	Office Ove Polling Ex Printing E Salaries/V	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	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/112 Rpt:		Phelan, Matthew M. (The Honorable)					00062288
4	Date	5	Payee name					
	06/01/2023		3000 Turtle Creek Services					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$2,768.60		3000 Turtle Creek Blvd					
			Dallas, TX 75219					
8	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		
	OF EXPENDITURE		Event Expense					de of Texas. Complete Schedule T.
								officeholder living expense or fundraising event
						Rental depos		or fundraising event
_			Condidate (Office le clater perce	Office cou				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ignt			Office held
	Date		Payee name					
	01/10/2023		ABC Bank					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$8,063.92		PO Box 650789	-, 1				
	+0,000.01							
			Dallas, TX 75265-0789					
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description		
	OF EXPENDITURE		Credit Card Payment					de of Texas. Complete Schedule T.
								officeholder living expense
						reported on F		cau payment for expenditures
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OI	Н			-			
	Date		Payee name					
	02/13/2023		ABC Bank					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$6,265.91		PO Box 650789	· •				
	,							
			Dallas, TX 75265-0789					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description	_	
	EXPENDITURE		Credit Card Payment					de of Texas. Complete Schedule T.
								officeholder living expense
						reported on F		to a payment for experiationes
				0.45		•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/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	/ - 1l Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense ages/0	Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
1	Total pages Schedule F1:	2	· · ·				3	Filer ID	(Ethics Commission Filers)	
-	Sch: 2/112 Rpt:		Phelan, Matthew M. (The Honorable)				9	00062288	(
4	Date 03/13/2023		Payee name ABC Bank							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$5,218.80 PO Box 650789 For the Third France of the									
			Dallas, TX 75265-0789							
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign credit cad payment for expenditures reported on F4 								xpense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	j	
	Date		Payee name							
	04/12/2023		ABC Bank							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$4,041.30		PO Box 650789 Dallas, TX 75265-0789							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Credit Card Payment	edule)	[[(Check if Austin,	, тх, edit	de of Texas. Comple officeholder living e cad paymen		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	1	
	Date		Payee name							
	05/17/2023		ABC Bank							
	Amount (\$) \$6,219.08		Payee address; City; State; PO Box 650789	Zip Co	de					
			Dallas, TX 75265-0789	i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Credit Card Payment	edule)	[[(Check if Austin,	, TX, edit	de of Texas. Comple officeholder living e cad paymen		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ght			Office held	1	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rheac bense pense ages	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: 3/112 Rpt:		Phelan, Matthew M. (The Honorable)					00062288	
4	Date 06/09/2023	5	Payee name ABC Bank						
6		-		Zip Co	do				
0	Amount (\$)	ľ	Payee address; City; State; PO Box 650789	Zip Co	ue				
	\$5,386.81		PO B0x 050789						
			Dallas, TX 75265-0789						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Credit Card Payment					de of Texas. Complete Schedule T.	
	-							officeholder living expense t cad payment for expenditures	
						reported on F		t cau payment for expenditures	
_							-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office held	
_	Date		Payee name						
	01/03/2023		AT&T Mobility						
		-		Zin Co	do				
	Amount (\$)			Zip Co	ue				
	\$82.56		PO Box 537104						
			Atlanta, GA 30353						
	PURPOSE			I	(h)	Description			
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(u)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense	
						Campaign sta	aff o	cell phone	
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght			Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	02/23/2023		AT&T Mobility						
	Amount (\$)			Zip Co	de				
	\$82.48		PO Box 537104	2.0 00	40				
	Q02110								
			Atlanta, GA 30353						
	PURPOSE		Category (See Categories listed at the top of this sche	adula)	(b)	Description			
	OF		Office Overhead/Rental Expense	euule)	()		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin,	, ТХ,	officeholder living expense	
						Campaign sta	aff o	cell phone	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	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 Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense 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	· · · · ·			2	Filer ID (Ethics Commission Filers)				
-	Sch: 4/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288				
4	Date 03/03/2023		Payee name AT&T Mobility								
6	Amount (\$) \$82.48		7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Pantal Expanse									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	ht		Office held				
	Date		Payee name								
	04/03/2023		AT&T Mobility								
	Amount (\$) \$82.41	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense Cell phone				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O)ffice sou	ht		Office held				
	Date		Payee name								
	05/03/2023		AT&T Mobility								
	Amount (\$) \$101.72		Payee address; City; State; PO Box 537104	Zip Co	le						
			Atlanta, GA 30353	r							
	PURPOSE OF EXPENDITURE										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	ht		Office held				

		EXPENDITURE CATEGORIES FO	R BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F	xpense 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:	LER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 5/112 Rpt:	helan, Matthew M. (The Honorable)		00062288						
4	Date 06/03/2023	ayee name T&T Mobility								
6	Amount (\$) \$74.62	7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353								
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Evnense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ıght	Office held						
	Date	ayee name								
	06/30/2023	nedot								
	Amount (\$) \$545.20	ayee address; City; State; Zip C O Box 537104 tlanta, GA 30353	ode							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense essing multiple credit card contributions 23						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held						
	Date	ayee name								
	01/10/2023	en E. Keith Co								
	Amount (\$) \$134.09	ayee address; City; State; Zip C O Box 1570	ode							
		ort Worth, TX 76101								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense lies for legislative purposes						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ıght	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 Gitt/Awards/Memorials Expense Inmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Nages	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					3	Filer ID (Ethics Commission Filers)	
1	Sch: 6/112 Rpt:	2	Phelan, Matthew M. (The Honorable)				3	00062288	
4	Date	5	Payee name						
	01/19/2023		Ben E. Keith Co						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$226.20		PO Box 1570						
			Fort Worth, TX 76101						
8	PURPOSE	(a)			(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		roou/beverage Expense					officeholder living expense	
						Kitchen supp	lies	for legislative purposes	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	02/06/2023		Ben E. Keith Co						
_	Amount (\$)	-	Payee address; City; State	e; Zip Co	nde				
	\$166.09		PO Box 1570	, zip ot	Juc				
	Φ100.09		FO B0X 1370						
			Fort Worth, TX 76101						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Food/Beverage Expense	hedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense for legislative purposes	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	02/17/2023		Ben E. Keith Co						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$48.66		PO Box 1570	, ,					
			Fort Worth, TX 76101		-				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense			Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense for legislative purposes	
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	ı Jght			Office held	
	expenditure to benefit C/OI				3				
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	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office O Polling E Printing Salaries/	verhea Expens Expens Wages	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	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 7/112 Rpt:		Phelan, Matthew M. (The Honorable)					00062288	
4	Date 03/13/2023	5	Payee name Ben E. Keith Co						
6	Amount (\$)	7	Payee address; City; State	e; Zip C	ode				
	\$1,280.30		PO Box 1570						
			Fort Worth, TX 76101						
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Kitchen supp	lies	for legislative purposes	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held	
	Date		Payee name						
	03/22/2023		Ben E. Keith Co						
	Amount (\$)		Payee address; City; State	e; Zip C	ode				
	\$31.39		PO Box 1570	o, <u>-</u> .p o	040				
	ψ01.00		10 000 1010						
			Fort Worth, TX 76101						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense	
								for legislative purposes	
						Kitchen Supp	lies	ion registative purposes	
					Ļ				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	
-	Data	<u> </u>							
	Date 03/27/2023		Payee name Ben E. Keith Co						
	Amount (\$)			e; Zip C	ode				
	\$337.62		PO Box 1570						
			Fort Worth, TX 76101						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description			
	OF		Food/Beverage Expense	,			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		0					officeholder living expense	
						Kitchen supp	lies	for legislative purposes	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/OI	Н							
-									

	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 nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense 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	· · ·		-	3	Filer ID (Ethics Commission Filers)				
-	Sch: 8/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288				
4	Date 04/04/2023	5	Payee name Ben E. Keith Co								
6	Amount (\$) \$68.74	7 Payee address; City; State; Zip Code \$68.74 PO Box 1570 Fort Worth, TX 76101									
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense s for legislative purposes				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice souç	ht		Office held				
	Date		Payee name								
	04/12/2023		Ben E. Keith Co								
	Amount (\$) \$112.17		PO Box 1570	Zip Co	le						
	PURPOSE OF EXPENDITURE	(a)	Fort Worth, TX 76101 Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense S for legislative purposes				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name	_							
	04/14/2023		Ben E. Keith Co								
	Amount (\$) \$666.31		Payee address; City; State; PO Box 1570	Zip Coo	le						
			Fort Worth, TX 76101								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense S for legislative purposes				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	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 Expense Imittee Legal Services The Instruction Guide expla	Offi Pol Prir Sal	ice Overh ling Expe nting Exp aries/Wa	ense ges/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	-				3	Filer ID (Ethics Commission Filers)	
-	Sch: 9/112 Rpt:	2	Phelan, Matthew M. (The Honorable	e)				00062288	,
4	Date	5	Payee name						
	04/20/2023		Ben E. Keith Co						
6	Amount (\$)	7	Payee address; City; St	ate; Zi	p Cod	9			
	\$406.86		PO Box 1570						
			Fort Worth, TX 76101						
8	PURPOSE	(2)			0				
°	OF	(a)	Category (See Categories listed at the top of this	schedule		Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense	
						Kitchen supp	lies	s for legislative purposes	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	e sougl	nt		Office held	
	Date		Payee name						╡
	05/01/2023		Ben E. Keith Co						
_	Amount (\$)	-		ate; Zi	n Cod	2			
	\$183.95		PO Box 1570	αις, Ζι	p Cou	-			
	\$103.95		PO B0x 1370						
			Fort Worth, TX 76101						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule) (1	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense s for legislative purposes	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	e sougl	nt		Office held	
	Date		Payee name						=
	05/09/2023		Ben E. Keith Co						
	Amount (\$)		Payee address; City; St	ate; Zi	n Cod	<i></i>			-
	\$346.46		PO Box 1570	uto, <u></u>	p 000	5			
	\$0-0.40								
			Fort Worth, TX 76101						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule) (Description			
	EXPENDITURE		Food/Beverage Expense			Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense s for legislative purposes	
-	Complete ONLY if direct	L(andidate/Officeholder name	Office	e sougl	nt		Office held	\neg
	expenditure to benefit C/Oł			2		-			
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	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)						
1	Sch: 10/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name							
	05/15/2023	Ben E. Keith Co							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$25.79	PO Box 1570							
		Fort Worth, TX 76101							
8	PURPOSE	(b) Description							
	OF EXPENDITURE		outside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Kitchen suppi	lies for legislative purposes						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/19/2023	Ben E. Keith Co							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$435.70	PO Box 1570							
	\$ 100110								
		Fort Worth, TX 76101							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense lies for legislative purposes						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	05/24/2023	Ben E. Keith Co							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$352.64	PO Box 1570							
		Fort Worth, TX 76101							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
		Kitchen suppl	lies for legislative purposes						
	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 Loan Repayment/Reimbursemer 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.	nt 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: 11/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 01/13/2023	Payee name Bergman, Maricruz M								
6	Amount (\$) \$3,745.06	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/31/2023	Bergman, Maricruz M								
	Amount (\$) \$3,745.06	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense staff payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/15/2023	Bergman, Maricruz M								
	Amount (\$) \$3,939.05	Payee address; City; State; Zip Code PO Box 5990								
		Austin, TX 78763								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense staff payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/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	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	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			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 12/112 Rpt:	-	Phelan, Matthew M. (The Honorable)				00062288		
4	Date	5	Payee name						
	02/28/2023		Bergman, Maricruz M						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$4,257.69		PO Box 5990						
			Austin, TX 78763						
8	PURPOSE	<u> </u>			(b) Description				
ľ	OF	(",	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Calance, Wages, Contract Labor		Check if Austin	, TX	, officeholder living expense		
					Campaign st	aff	payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	Iht		Office held		
	Date		Payee name						
	03/15/2023		Bergman, Maricruz M						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$4,257.68		PO Box 5990						
	.,								
			Austin, TX 78763						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign st	aff	payroll		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	ıht		Office held		
	Date		Payee name						
	03/31/2023		Bergman, Maricruz M						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$4,257.69		PO Box 5990						
			Austin, TX 78763						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense		
					Campaign st				
					eapaigir ou				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	Jht		Office held		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	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			<u> </u>	3	Filer ID (Ethics Commission Filers)		
-	Sch: 13/112 Rpt:	-	Phelan, Matthew M. (The Honorable)				00062288		
4	Date	5	Payee name						
	04/14/2023		Bergman, Maricruz M						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$4,257.69		PO Box 5990						
			Austin, TX 78763						
8	PURPOSE	<u> </u>			(b) Description				
ľ	OF	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Salanes/Wages/Contract Labor				officeholder living expense		
					Campaign sta	aff	payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	yht		Office held		
	Date		Payee name						
	04/28/2023		Bergman, Maricruz M						
	Amount (\$)	-	_	Zip Co	10				
	\$4,257.69		PO Box 5990	210 00					
	\$4,237.09		FO B0X 3990						
			Austin, TX 78763						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			de of Texas. Complete Schedule T. officeholder living expense		
					Campaign sta				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	jht		Office held		
	Date		Payee name						
	05/15/2023		Bergman, Maricruz M						
	Amount (\$)	-		Zip Co	10				
	\$4,257.68		PO Box 5990	210 00					
	φ4,207.00								
			Austin, TX 78763						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Campaign sta	all	μαγι υπ		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	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	· · · · ·		·	3	Filer ID (Ethics Commission Filers)			
-	Sch: 14/112 Rpt:	-	Phelan, Matthew M. (The Honorable)				00062288			
4	Date	5	Payee name							
	05/31/2023		Bergman, Maricruz M							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$4,257.69		PO Box 5990							
			Austin, TX 78763							
8	PURPOSE				(b) Description					
ľ	OF	("	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Calance, Wages, Contract Labor		Check if Austin	, TX	, officeholder living expense			
					Campaign st	aff	payroll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held			
	Date		Payee name							
	06/15/2023		Bergman, Maricruz M							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$4,257.69		PO Box 5990	•						
	.,									
			Austin, TX 78763							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense			
					Campaign st					
	Complete ONLY if direct	Candidate/Officeholder name Office sought					Office held			
	expenditure to benefit C/OI	Η								
-	Date		Payee name							
	06/30/2023		Bergman, Maricruz M							
_	Amount (\$)			Zip Co	10					
	\$4,257.69		PO Box 5990	Zip Cu						
	\$4,237.0 9		FO B0X 3990							
			Austin TX 70700							
			Austin, TX 78763							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
					Campaign st					
					eapaigir ou					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office sour	iht		Office held			
	expenditure to benefit C/OI				,					

	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 Imittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense 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: 15/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288			
4	Date 01/13/2023	5	Payee name Cardwell, Margaret A.							
6	Amount (\$) \$2,701.76	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	01/31/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.78		PO Box 5990	Zip Co	le					
	PURPOSE OF EXPENDITURE	<u> </u>	Austin, TX 78763 Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	02/15/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.76		Payee address; City; State; PO Box 5990	Zip Co	le					
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office souç	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 Expense Inmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense 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: 16/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288			
4	Date 02/28/2023	5	Payee name Cardwell, Margaret A.							
6	Amount (\$) \$2,701.77	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	03/15/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.77		Payee address; City; State; PO Box 5990 Austin, TX 78763	Zip Co	le					
	PURPOSE OF EXPENDITURE	<u> </u>	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held			
	Date		Payee name							
	03/31/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.77		Payee address; City; State; PO Box 5990	Zip Co	le					
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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 Schedule F1:		3 Filer ID (Ethics Commission Filers)								
-	Sch: 17/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288								
4	Date 04/14/2023	Payee name Cardwell, Margaret A.									
6	Amount (\$) \$2,701.77	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763									
8	PURPOSE OF EXPENDITURE	Salaries/Mages/Contract Labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date 04/28/2023	Payee name Cardwell, Margaret A.									
	Amount (\$) \$2,701.77	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763									
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff payroll								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/15/2023	Cardwell, Margaret A.									
	Amount (\$) \$2,701.77	Payee address; City; State; Zip Code PO Box 5990									
		Austin, TX 78763									
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense taff payroll								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/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 Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense 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: 18/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288			
4	Date 05/31/2023	5	Payee name Cardwell, Margaret A.							
6	Amount (\$) \$2,701.77	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	06/15/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.77		Payee address; City; State; PO Box 5990 Austin, TX 78763	Zip Co	le					
	PURPOSE OF EXPENDITURE	<u> </u>	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held			
	Date		Payee name							
	06/30/2023		Cardwell, Margaret A.							
	Amount (\$) \$2,701.76		Payee address; City; State; PO Box 5990	Zip Co	le					
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	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	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:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 19/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288			
4	Date	5	Payee name							
	01/10/2023		City of Austin Utilities							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$88.40		PO Box 2267							
			Austin, TX 78783							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
	-				Campaign of		, officeholder living expense			
					Campaign of	nce	ullilles			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	02/14/2023		City of Austin Utilities							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$59.60		PO Box 2267							
			Austin, TX 78783							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	,			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Campaign of	fice	utilities			
	Complete ONIL V if direct		Candidate/Officeholder name	Office cou	vht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	JIIL		Onice neid			
-	Date		Payee name							
	03/14/2023		City of Austin Utilities							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$136.75		PO Box 2267	,p						
			Austin, TX 78783							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	,			ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Campaign of	TICE	UTIIITIES			
	Complete ONU V if dire at	L	Condidate/Officebolder as an	Office	v h t		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	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	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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 20/112 Rpt:		Phelan, Matthew M. (The Honorable)					00062288		
4	Date	5	Payee name							
	04/11/2023		City of Austin Utilities							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$84.84		PO Box 2267							
			Austin, TX 78783							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
						Campaign of		, officeholder living expense		
						Campaign of	nce	ulinites		
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held		
	expenditure to benefit C/OI				.9					
	Date		Payee name							
	05/12/2023		City of Austin Utilities							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$81.27		PO Box 2267	· •						
			Austin, TX 78783							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Campaign of	fice	utilities		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	laht			Office held		
	expenditure to benefit C/OI			011100 000	igni					
	Date		Payee name							
	06/12/2023		City of Austin Utilities							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$84.55		PO Box 2267							
			Austin, TX 78783							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Campaign of	rice	UTIITIES		
	Complete ONIL V if direct	Ľ	Candidate/Officeholder asmo	Office com				Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	igilt			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 Gitl/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 Schedule F1:		3 Filer ID (Ethics Commission Filers)								
	Sch: 21/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288								
4	Date 03/01/2023	Payee name Dudley Group									
6	Amount (\$) \$2,300.00										
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Pilot services for political travel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/13/2023	Dyer, James P.									
	Amount (\$) \$1,154.37	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763									
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. TX, officeholder living expense aff payroll								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/31/2023	Dyer, James P.									
	Amount (\$) \$1,154.38	Payee address;City;State; Zip CodePO Box 5990									
		Austin, TX 78763									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Iff payroll								
	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 / - 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:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 22/112 Rpt:		helan, Matthew M. (The Ho	00062288						
4	Date 02/15/2023		ayee name Iyer, James P.							
6	Amount (\$)	7 P	ayee address; City;	State;	; Zip Co	le				
	\$1,154.37	4.37 PO Box 5990 Austin, TX 78763								
8	PURPOSE	(a) (ategory (Soo Catogorios listed at th	o top of this sch	odulo)	(b) Description				
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Р	ayee name							
	02/28/2023	D	yer, James P.							
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	le				
	\$1,154.38		O Box 5990 ustin, TX 78763							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th alaries/Wages/Contract La		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	Р	ayee name							
	03/15/2023		yer, James P.							
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	le				
	\$1,154.37		O Box 5990		·					
			ustin, TX 78763		r					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th alaries/Wages/Contract La		edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Dffice sou	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 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 ID (Ethics Commission Filers)						
1	Sch: 23/112 Rpt:		Phelan, Matthew M. (The Honorable)			3	00062288			
4	Date	5	Payee name							
	03/31/2023		Dyer, James P.							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,154.38	\$1,154.38 PO Box 5990 Austin, TX 78763								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	04/14/2023		Dyer, James P.							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,154.38		PO Box 5990 Austin, TX 78763	·						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	e dule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	edule)	Check if travel	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held			
	Date	Γ	Payee name							
	04/28/2023		Dyer, James P.							
-	Amount (\$)	⊢	Payee address; City; State;	Zip Co	de					
	\$1,154.38		PO Box 5990	·						
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice 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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense 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	EILER NAME	Filer ID (Ethics Commission Filers)						
-	Sch: 24/112 Rpt:		Phelan, Matthew M. (The Honorable)			3	00062288			
4	Date	5	Payee name							
	05/15/2023		Dyer, James P.							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le					
	\$1,154.37	Austin, TX 78763								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	(alub	(b) Description					
	OF EXPENDITURE	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	05/31/2023		Dyer, James P.							
	Amount (\$)		Payee address; City; State;	Zip Coo	le					
	\$1,154.38		PO Box 5990 Austin, TX 78763	·						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	06/15/2023		Dyer, James P.							
-	Amount (\$)		Payee address; City; State;	Zip Coo	le					
	\$1,154.37		PO Box 5990							
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice 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 Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	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 ID (Ethics Commission Filers)						
1	Sch: 25/112 Rpt:		Phelan, Matthew M. (The Honorable)				3	00062288		
4	Date	5	Payee name							
	06/30/2023		Dyer, James P.							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$1,154.38	54.38 PO Box 5990 Austin, TX 78763								
8	PURPOSE	(a)	Category (Soo Categories listed at the top of this set	hodulo)	(b)	Description				
	OF EXPENDITURE	OF Salarjes/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	01/31/2023		Figueiras, Elizabeth R.							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$870.00		PO Box 5990 Austin, TX 78763	, , ,						
	PURPOSE	<u> </u>			(h)	Description				
	OF		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	hedule)	(5)	Check if travel	, тх,	de of Texas. Complete Schedule T. officeholder living expense Dayroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	06/20/2023		Grant Public Strategies							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$37,500.00		PO Box 152	·						
			Austin, TX 78767							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Consulting Expense	hedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense NG SERVICES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/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/Political C Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		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)	
1	Total pages Schedule F1:	2	2 FILER NAME				Filer ID (Ethics Commission Filers)	
	Sch: 26/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288	
4	Date	5	Payee name					
	01/01/2023		Grant Public Strategies					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$37,500.00		PO Box 152					
		Austin, TX 78767						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE Consulting Expense Consulting Expense Consulting Expense							
		Check if Austin, TX, officeholder living expense Political consulting services						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
	Date		Payee name					
	03/01/2023 Grant Public Strategies							
	Amount (\$)	(\$) Payee address; City; State; Zip Code						
	\$25,000.00							
		<u> </u>	Austin, TX 78767					
PURPOSE OF EXPENDITURE							ide of Texas. Complete Schedule T. , officeholder living expense ng services	
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought				Office held	
	Date Payee name							
	01/13/2023 Hand, Braden A.							
	Amount (\$) Payee address; City; State; Zip Code							
	\$641.14 PO Box 5990							
	Austin, TX 78763							
PURPOSE OF EXPENDITURE		(a)	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense payroll	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Candidate/Officeholder name C	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	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraisir Transportation Equipt Travel in District Travel Out of District OTHER (enter a cate	ment & Related Expense	
1	Total pages Schedule F1:	FILER NAME					3	Filer ID (Et	thics Commission Filers)	
	Sch: 27/112 Rpt:		thew M. (The Hor	orable)				00062288		
4	Date 01/31/2023	Payee name Hand, Braden A.								
6	Amount (\$) \$641.15	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description (b) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	C	Office sou	ht		Office held		
	Date	Payee name								
	02/15/2023	Hand, Brade	en A.							
	Amount (\$)	Payee addres	s; City;	State;	Zip Co	le				
	\$847.94	PO Box 599 Austin, TX 7								
	PURPOSE OF EXPENDITURE		e Categories listed at the t ges/Contract Lab		edule)		n, TX,	de of Texas. Complete officeholder living expo Dayroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Office sou	ht		Office held		
	Date	Payee name								
	02/28/2023	Hand, Brade	en A.							
	Amount (\$) \$847.01	Payee addres PO Box 599		State;	Zip Co	le				
		Austin, TX 7								
	PURPOSE OF EXPENDITURE		e Categories listed at the t ges/Contract Lab		edule)		ı, TX,	de of Texas. Complete officeholder living expo Dayroll		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	C	Dffice sou	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		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: 28/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 03/15/2023	5 Payee name Hand, Braden A.							
6	Amount (\$) \$847.03	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/31/2023	Hand, Braden A.							
	Amount (\$) \$847.01	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/14/2023	Hand, Braden A.							
	Amount (\$) \$847.01	Payee address; City; State; Zip Code PO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll						
	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		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: 29/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 04/28/2023	5 Payee name Hand, Braden A.							
6	Amount (\$) \$847.02	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/15/2023	Hand, Braden A.							
	Amount (\$) \$847.01	Payee address; City; State; Zip Code PO Box 5990							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/31/2023	Hand, Braden A.							
	Amount (\$) \$847.02	Payee address; City; State; Zip Code PO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll						
	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/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)							
_	Sch: 30/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 06/15/2023	Payee name Hand, Braden A.								
6	Amount (\$) \$847.02	Y Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/30/2023	Hand, Braden A.								
	Amount (\$) \$847.02	Payee address; City; State; Zip Code PO Box 5990								
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ign staff payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/01/2023	Heim, Bill								
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 10312 Trout Cv								
		Austin, TX 78749								
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense ervices for political travel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGOR	RIES 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 Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 31/112 Rpt:		latthew M. (The Hon	orable)				00062288	· · ·
4	Date 03/01/2023	Payee name KUSA Aviation LLC							
6	Amount (\$)	Payee add	ress; City;	State;	Zip Coo	е			
	\$7,362.56	4700 Hangar Drive, Hangar 5 Beaumont, TX 77705							
_									
8	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 Pilot services for political travel 							expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	0	Office soug	ht		Office he	ld
	Date	Payee nam	ie						
	06/01/2023	KUSA Avi	ation LLC						
	Amount (\$)	Payee add	ress; City;	State;	Zip Coo	е			
	\$3,750.00	4700 Hangar Drive, Hangar 5 Beaumont, TX 77705							
	PURPOSE OF EXPENDITURE) Category Travel In	(See Categories listed at the to District	op of this sche	edule)		n, TX,	de of Texas. Com officeholder living r political tra	expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	0	Office soug	ht		Office he	eld
	Date	Payee nam	10						
	06/30/2023	Keel Syst							
	Amount (\$) \$7,012.95	Payee add		State;	Zip Coc	e			
		Spicewoo	d, TX 78669						
	PURPOSE OF EXPENDITURE		(See Categories listed at the to erhead/Rental Exper		edule)		n, TX,	de of Texas. Com officeholder living DASE SERVICE	expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/C	fficeholder name	0	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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/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 Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 32/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 03/01/2023	Payee name Margo Cardwell PLLC								
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 508 W. 14th St Austin, TX 78701								
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/30/2023	Margo Cardwell PLLC								
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 508 W. 14th St Austin, TX 78701								
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel or Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense Stipend							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/13/2023	Marquez, III, Enrique								
	Amount (\$) \$832.37	Payee address;City;State;Zip CodePO Box 5990								
		Austin, TX 78763								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll							
	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	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide exp	Off Pol Pri Sal	fice Overh Illing Expe inting Exp Ilaries/Wa	ense ges/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				·	3	Filer ID (Ethics Commission Filers)		
-	Sch: 33/112 Rpt:		Phelan, Matthew M. (The Honoral	ble)				00062288		
4	Date	5 F	Payee name							
	01/31/2023	1	Marquez, III, Enrique							
6	Amount (\$) \$832.38	F	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	PURPOSE	(a) (. (Description				
U	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll							, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offic	e soug	nt		Office held		
	Date	F	Payee name							
	02/15/2023	1	Marquez, III, Enrique							
	Amount (\$) Payee address; City; State; Zip Code									
	\$832.37	PO Box 5990 Austin, TX 78763								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of I Salaries/Wages/Contract Labor	this schedule	e) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offic	e soug	nt		Office held		
	Date	F	Payee name							
	02/28/2023	1	Marquez, III, Enrique							
	Amount (\$) \$832.37		Payee address; City; PO Box 5990	State; Zi	ip Cod	ē				
		,	Austin, TX 78763							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of I Salaries/Wages/Contract Labor	this schedule	e) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offic	e soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide ex		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				•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 34/112 Rpt:		Phelan, Matthew M. (The Honora	able)				00062288		
4	Date	5 I	Payee name							
	03/15/2023		Marquez, III, Enrique							
6	Amount (\$) \$832.37	1	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	PURPOSE	(a) (Category (See Categories listed at the top of	f this sche	edule)	b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Ot	ffice souç	ht		Office held		
	Date	I	Payee name							
	03/31/2023	1	Marquez, III, Enrique							
	Amount (\$) Payee address; City; State; Zip Code									
	\$832.38	PO Box 5990 Austin, TX 78763								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	f this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Ot	ffice soug	ht		Office held		
	Date	I	Payee name							
	04/14/2023	1	Marquez, III, Enrique							
	Amount (\$) \$832.38		Payee address; City; PO Box 5990	State;	Zip Coo	e				
		,	Austin, TX 78763							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Salaries/Wages/Contract Labor	f this sche	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Of	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	Committe	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials e Legal Services The Instruction G	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense 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 FILF		•		·	3	Filer ID (Ethics Commission Filers)		
-	Sch: 35/112 Rpt:		elan, Matthew M. (The H	lonorable)				00062288		
4	Date		ee name							
	04/28/2023		rquez, III, Enrique							
6	Amount (\$) \$832.38	PO	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	PURPOSE	(a) Cate	egory (See Categories listed at t	he top of this sch	nedule)	b) Description				
	OF EXPENDITURE	Salaries/W/ages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pay	ee name							
	05/15/2023	Ma	quez, III, Enrique							
	Amount (\$) Payee address; City; State; Zip Code									
	\$832.37	PO Box 5990 Austin, TX 78763								
	PURPOSE OF EXPENDITURE		egory (See Categories listed at t aries/Wages/Contract La		iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pay	ee name							
	05/31/2023	Ma	quez, III, Enrique							
	Amount (\$) \$832.38		ee address; City; Box 5990	State;	; Zip Coo	le				
		Aus	tin, TX 78763							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at t aries/Wages/Contract La		nedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	(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 Fees Food/Beverage Expense Gift/Awards/Memorials Exp tee Legal Services The Instruction Guide	Office Overl Polling Exp pense Printing Exp Salaries/Wa	ense ges/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:		•	•	3 Filer ID (Ethics Commission Filers)					
-	Sch: 36/112 Rpt:	nelan, Matthew M. (The Hon	orable)		00062288					
4	Date 06/15/2023	yee name arquez, III, Enrique								
6	Amount (\$) \$832.37	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE	F Salaries/Wages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office soug	nt	Office held					
	Date	yee name								
	06/30/2023	arquez, III, Enrique								
	Amount (\$) \$832.38	yee address; City; D Box 5990 Istin, TX 78763	State; Zip Cod	e						
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the to alaries/Wages/Contract Labo			outside of Texas. Complete Schedule T. n, TX, officeholder living expense aff payroll					
	Complete ONLY if direct expenditure to benefit C/OF	didate/Officeholder name	Office soug	nt	Office held					
	Date	yee name								
	01/13/2023	eisenheimer, Caitlin E.								
	Amount (\$) \$914.99	yee address; City; D Box 5990	State; Zip Cod	e						
		ıstin, TX 78763								
	PURPOSE OF EXPENDITURE	ttegory (See Categories listed at the to alaries/Wages/Contract Labo			outside of Texas. Complete Schedule T. n, TX, officeholder living expense aff payroll					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office soug	nt	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 Expe Gift/Awards/Memoria Legal Services The Instruction (Ils Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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	•		<u> </u>	3	Filer ID	(Ethics Commission Filers)	
	Sch: 37/112 Rpt:		helan, Matthew M. (The	Honorable)				00062288		
4	Date 01/31/2023		ayee name 1eisenheimer, Caitlin E.							
6	Amount (\$) \$914.97	F	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763 Austin, TX 78763							
8	PURPOSE OF EXPENDITURE	OF Salaries/Mages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	P	ayee name							
	02/15/2023	N	leisenheimer, Caitlin E.							
	Amount (\$) \$914.99	F	ayee address; City; O Box 5990 ustin, TX 78763	State;	; Zip Coc	e				
	PURPOSE OF EXPENDITURE	(a) C	ategory (See Categories listed a alaries/Wages/Contract		edule)		n, TX	ide of Texas. Comp , officeholder living payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office he	ld	
	Date	P	ayee name							
	02/28/2023		leisenheimer, Caitlin E.							
	Amount (\$) \$914.99		ayee address; City; O Box 5990	State;	; Zip Coc	e				
		A	ustin, TX 78763							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed a alaries/Wages/Contract	•	edule)		I, TX	ide of Texas. Comp , officeholder living payroll		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	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	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	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	· · · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 38/112 Rpt:		Phelan, Matthew M. (The Honorable)			3	00062288			
4	Date	5	Payee name							
	03/15/2023		Meisenheimer, Caitlin E.							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$914.98		PO Box 5990							
			Austin, TX 78763							
8	PURPOSE				(b) Description					
ľ	OF		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Calance, Wages, Contract Labor		Check if Austin	, TX	, officeholder living expense			
					Campaign st	aff	payroll			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Iht		Office held			
	Date		Payee name							
	03/31/2023		Meisenheimer, Caitlin E.							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$914.98		PO Box 5990	•						
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll						
					1 0					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	l Iffice sou	Iht		Office held			
_	Date		Payee name							
	04/14/2023		Meisenheimer, Caitlin E.							
	Amount (\$)			Zip Co	1e					
	\$914.98		PO Box 5990	210 000						
	401 1100									
			Austin, TX 78763							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.			
		Campaign staff payroll								
					Campaign St	an	pujion			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	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	· · · · ·			2	Filer ID (Ethics Commission Filers)	
1	Sch: 39/112 Rpt:	2	Phelan, Matthew M. (The Honorable)			3	00062288	
4	Date	5	Payee name					
	04/28/2023		Meisenheimer, Caitlin E.					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$914.98		PO Box 5990					
			Austin, TX 78763					
8	PURPOSE	<u> </u>			(b) Description			
ľ	OF	(",	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Calance, Wages, Contract Labor		Check if Austin	, TX	, officeholder living expense	
					Campaign st	aff	payroll	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office name Office sought Office held							Office held	
	Date		Payee name					
	05/15/2023		Meisenheimer, Caitlin E.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$914.98		PO Box 5990					
			Austin, TX 78763					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
					Campaign st	aff	payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				Office held		
	Date		Payee name					
	05/31/2023		Meisenheimer, Caitlin E.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$914.98		PO Box 5990					
			Austin, TX 78763					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense	
					Campaign st			
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held	
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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee 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:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 40/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288	
4	Date	5	Payee name					
	06/15/2023		Meisenheimer, Caitlin E.					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$914.98		PO Box 5990					
			Austin, TX 78763					
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sche	e dule)	(b) Description			
-	OF		Salaries/Wages/Contract Labor	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austir	n, TX	, officeholder living expense	
					Campaign st	aff	payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	06/30/2023		Meisenheimer, Caitlin E.					
Amount (\$) Payee address; City; State; Zip Code								
	\$914.99		PO Box 5990					
	\$01 H00							
			Austin, TX 78763					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Iht		Office held	
_	Data	<u> </u>	D					
	Date 01/13/2023		Payee name Michalk, Cole					
			·					
	Amount (\$)			Zip Co	le			
	\$461.75		PO Box 5990					
			Austin, TX 78763					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll	
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	iht		Office held	
	expenditure to benefit C/OI				, -			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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: 41/112 Rpt:							
4	Date	5	Payee name					
	01/13/2023		Michalk, Cole					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$68.75		PO Box 5990					
			Austin, TX 78763					
8	PURPOSE	(a)			(b) Description			
ľ	OF	("	Category (See Categories listed at the top of this sche Travel In District	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, officeholder living expense	
					Campaign st	aff	mileage for political meetings	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	01/31/2023		Michalk, Cole					
Amount (\$) Payee address; City; State; Zip Code								
	\$461.75		PO Box 5990	p 00				
	φ+01.10							
			Austin, TX 78763					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	Jht		Office held	
	Date		Payee name					
	02/15/2023		Michalk, Cole					
	Amount (\$)		Payee address; City; State;	Zip Co	1e			
	\$461.75		PO Box 5990	2.0 00				
	\$+01.10							
			Austin, TX 78763					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Salaries/Wages/Contract Labor			I, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll	
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	iht		Office held	
	expenditure to benefit C/OI							
-								

	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: 42/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288					
4	Date 02/28/2023	Payee name Michalk, Cole						
6	Amount (\$) \$461.75	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/09/2023	Michalk, Cole						
	Amount (\$) \$81.22	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ff mileage for political meetings					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/15/2023	Michalk, Cole						
	Amount (\$) \$461.75	Payee address; City; State; Zip Code PO Box 5990						
		Austin, TX 78763						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll					
	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 Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	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: 43/112 Rpt:	Phelan, Matthew M. (The Honorable) 00062288							
4	Date 03/31/2023	Payee name Aichalk, Cole							
6	Amount (\$) \$411.75	Payee address; City; State; Zip C PO Box 5990 Austin, TX 78763	ode						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held					
	Date	Payee name							
	04/14/2023	Aichalk, Cole							
	Amount (\$)	Payee address; City; State; Zip C	ode						
	\$411.75	PO Box 5990 Austin, TX 78763							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held					
	Date	Payee name							
	04/28/2023	Aichalk, Cole							
	Amount (\$) \$411.75	Payee address; City; State; Zip C PO Box 5990	ode						
		Austin, TX 78763	T						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	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 Committee 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 44/112 Rpt:	Phelan, Matthew M. (The Honorable) 00062288							
4	Date 05/15/2023	5 Payee name Michalk, Cole							
6	Amount (\$) \$411.75	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/31/2023	Michalk, Cole							
	Amount (\$) \$411.75	Payee address; City; State; Zip Code PO Box 5990							
	PURPOSE	Austin, TX 78763 (a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/11/2023	Michalk, Cole							
	Amount (\$) \$72.05	Payee address;City;State; Zip CodePO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ff mileage for political meetings						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 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: 45/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288					
4	Date 06/15/2023	Payee name Michalk, Cole						
6	Amount (\$) \$411.75	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763 Austin, TX 78763						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/30/2023	Michalk, Cole						
	Amount (\$) \$411.75	Payee address;City;State;Zip CodePO Box 5990						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/13/2023	Mitchell, Kelly M.						
	Amount (\$) \$3,437.95	Payee address;City;State;Zip CodePO Box 5990						
		Austin, TX 78763						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll					
	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 Poling 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 Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 46/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 01/31/2023	Payee name Mitchell, Kelly M.							
6	Amount (\$) \$3,437.96	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/15/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.96	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel of Check if travel o	outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/28/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.95	Payee address;City;State;Zip CodePO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll						
	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 Office Averhaed/Rental Expense Gift/Awards/Memorials Expense Polling 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 Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 47/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 03/15/2023	Payee name Mitchell, Kelly M.							
6	Amount (\$) \$3,437.96	7 Payee address; City; State; Zip Code 6 PO Box 5990 Austin, TX 78763							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/31/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.95	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense caff payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/14/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.95	Payee address;City;State;ZipCodePO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense caff payroll						
	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 bornitite 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:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 48/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 04/28/2023	Payee name Mitchell, Kelly M.							
6	Amount (\$) \$3,437.96	7 Payee address; City; State; Zip Code 6 PO Box 5990 Austin, TX 78763							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/15/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.96	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/31/2023	Mitchell, Kelly M.							
	Amount (\$) \$3,437.96	Payee address;City;State;Zip CodePO Box 5990							
		Austin, TX 78763							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll						
	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 nmittee Legal Services The Instruction Guide explains h	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				3	Filer ID (Ethics Commission Filers)
1	Sch: 49/112 Rpt:	2	Phelan, Matthew M. (The Honorable)			3	00062288
4	Date	5	Payee name				
	06/15/2023		Mitchell, Kelly M.				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$3,437.95		PO Box 5990				
			Austin, TX 78763				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
-	OF		Salaries/Wages/Contract Labor	euule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		5		Check if Austin	, TX	, officeholder living expense
					Campaign st	aff	payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held
	Date		Payee name				
	06/30/2023		Mitchell, Kelly M.				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$3,437.95		PO Box 5990				
			Austin, TX 78763				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name O	office sou	sought Office held		
	expenditure to benefit C/OF						
	Date		Payee name				
	01/01/2023		Murphy Nasica				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$70,163.34		PO Box 1648				
			Austin, TX 78767				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Political cons		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	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	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T						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					3	Filer ID (Ethics Commission Filers)
	Sch: 50/112 Rpt:		Phelan, Matthew M. (The Ho	onorable)				00062288
4	Date 06/30/2023		Payee name Murphy Nasica					
6	Amount (\$)	7 F	Payee address; City;	State	; Zip Co	ode		
	\$49,149.02	F	PO Box 1648					
			Austin, TX 78767					
8	PURPOSE OF		Category (See Categories listed at th	e top of this sch	edule)	(b) Description		
	EXPENDITURE	^	Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense
								sing - text messages
								3
9	Complete ONLY if direct		andidate/Officeholder name	(Office sou	l Iaht		Office held
ľ	expenditure to benefit C/OI	ц	anDeaver, Gary			-	ict :	12 State Representative District 1
			-					
	Date		Payee name					
		(see previous)					
	Amount (\$)		Payee address; City;		; Zip Co			
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at th	e top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense
⊢	Complete ONLY if direct	L Cá	andidate/Officeholder name	(Office sou	l		Office held
	expenditure to benefit C/OI		ell Jr. , Cecil			presentative Distr	ict :	
_	Date	1						· · · · · · · · · · · · · · · · · · ·
	Dale		Payee name see previous)					
	۸ (۵)			01-1-	7.0	l -		
	Amount (\$)		Payee address; City;	State	; Zip Co	Jue		
	PURPOSE	(a) (Category (See Categories listed at th	e top of this sch	edule)	(b) Description		
	OF EXPENDITURE							ide of Texas. Complete Schedule T.
						Check if Austin	ι, TΧ,	, officeholder living expense
	Complete <u>ONLY</u> if direct		andidate/Officeholder name		Office sou	-		Office held
	expenditure to benefit C/OI	'' Be	ell, Keith		State Re	presentative Distr	ict 4	4 State Representative District 4

	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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)							
	Sch: 51/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date	5 Payee name								
		(see previous)								
	Amount (\$)	7 Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtHefner, ColeState Representative District	Office held 5 State Representative District 5							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI	Dean, Jay State Representative District	t 7 State Representative District 7							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Harris, Cody State Representative District	Office held t 8 State Representative District 8							

	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/R Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 52/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
8	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) (b) Determine the top of this schedule) 	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtAshby, TrentState Represent	Office held htative District 9 State Representative District 9							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE	 (See Categories listed at the top of this schedule) (b) Determine the top of this schedule) 	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OF	Clardy, Travis State Represer	ntative District 11 State Representative District 11							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Kacal, Kyle State Represer	Office held htative District 12 State Representative District 12							

				EXPE		CATEGOF	RIES FOI	R BC)X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Serv	rage Expense s/Memorials Exp ices		Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	e /Contract Labor		Transportation Travel in Distr Travel Out of	n Equ rict Distri	ising Expense lipment & Related Expense ct ategory not listed above)		
1	Total pages Schedule F1:	2				e explains how to complete this form.					Filer ID (Ethics Commission Filers)				
-	Sch: 53/112 Rpt:				hew M. (The Honorable)						00062288				
4	Date		Payee name (see previou	IS)											
6	Amount (\$)	7	Payee addres	is; C	City;	State;	Zip Co	ode							
8	PURPOSE	(a)	Category (Se	e Categori	es listed at the to	op of this sch	edule)	(b)	Description	outsid	de of Texas. Co	omple	ete Schedule T.		
	EXPENDITURE								Check if Austin	, TX,	officeholder liv	ing e	xpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic Drr, Angelia	ceholder	name		office sou State Re	-	entative Distr	ict 1	Office 13 State		d presentative District 13		
	Date		Payee name (see previou	IS)											
	Amount (\$)		Payee addres	ss; C	City;	State;	Zip Co	ode							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se}	e Categori	es listed at the to	op of this sch	edule)	(b)	Description Check if travel Check if Austin						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder	name		Office sou	•		:	Office				
	•	- г	Raney, John					pres	Sentative Distri			Re	presentative District 14		
	Date		Payee name (see previou	is)											
	Amount (\$)		Payee addres	ss; C	City;	State;	Zip Co	ode							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se}	e Categori	es listed at the to	op of this sch	edule)	(b)	Description Check if travel Check if Austin				ete Schedule T. xpense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic Aetcalf, Will	ceholder	name		office sou State Re	-	entative Distr	ict 1	Office 16 State		d presentative District 16		

	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 Committee 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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)								
	Sch: 54/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288								
4	Date	5 Payee name									
		(see previous)									
	Amount (\$)	7 Payee address; City; State; Zip Code									
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtGerdes, StanState Representative District	Office held t 17 State Representative District 17								
	Date	Payee name (see previous)									
	Amount (\$)	Payee address; City; State; Zip Code									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OF	Bailes, Ernest State Representative District	t 18 State Representative District 18								
	Date	Payee name (see previous)									
	Amount (\$)	Payee address; City; State; Zip Code									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtTroxclair, EllenState Representative District	Office held t 19 State Representative District 19								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee	Legal Service	je Expense lemorials Expense s	C P S	office Ove olling Exp rinting Ex alaries/W			Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 55/112 Rpt:	F	Phelan, Mat	thew M. (The Honorat	ole)				00062288		
4	Date		Payee name (see previous)									
6	Amount (\$)		Pavee addres	-	<i>I</i> :	State; Z	7in Co	de				
8	PURPOSE OF EXPENDITURE	(a) (Category _{(Se}	e Categories	isted at the top of t	his schedu	le)			de of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic /ilson, Terry		ame		ce sou te Rep	-	rict	Office he 20 State R	eld representative District 20	
	Date		Payee name (see previou	ıs)								
	Amount (\$)	ŀ	Payee addres	ss; City	/; \$	State; 2	<u></u>	de				
	PURPOSE OF EXPENDITURE	(a) (Category _{(Se}	e Categories	listed at the top of t	his schedu	le)			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office eo-Wilson, 1		ame		ce sou		rict	Office h	eld Representative District 23	
						Jid						
	Date		Payee name (see previou	ıs)								
	Amount (\$)	F	Payee addres	ss; City	/; 5	State; 2	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a) (Category _{(Se}	e Categories	isted at the top of t	his schedu	le)			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic onnen, Greç		ame		ce sou te Rep	ght presentative Dist	rict	Office he 24 State R	eld Representative District 24	

				EXP		CATEGOF	RIES FOI	R BC	DX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Gift/Award Legal Serv	rage Expense s/Memorials Exp		Office Ov Polling Ex Printing E Salaries/V	verhead xpense Expens Wages	e /Contract Labor		Travel in Distric Travel Out of D	Equipr t istrict	ng Expense ment & Related Expense gory not listed above)			
1	Total pages Schedule F1:	2						mpre		3	Filer ID (Ethics Commission Filers)				
1	Sch: 56/112 Rpt:		Phelan, Ma		. (The Hon	norable)					00062288				
4	Date	5	Payee name							<u> </u>					
		(see previous)													
6 Amount (\$) 7 Payee address; City; State; Zip Code															
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description															
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off /asut, Cody	iceholder	name		Office sou State Re	-	sentative Distr	ict 2	Office h 25 State F		esentative District 25		
	Date		Payee name (see previo												
	Amount (\$)		Payee addre	ss; (City;	State;	Zip Co	ode							
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the t	op of this sch	edule)	(b)			de of Texas. Cor officeholder livin				
	Complete <u>ONLY</u> if direct		Candidate/Off	iceholder	name	C	Office sou	ught			Office h	eld			
	expenditure to benefit C/OI	H J	etton, Jacey	/		S	State Re	epres	entative Distr	ict 2	26 State F	Repr	esentative District 26		
	Date		Payee name (see previo												
	Amount (\$)		Payee addre	ss; (City;	State;	Zip Co	ode							
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the t	op of this sch	edule)	(b)			de of Texas. Cor officeholder livin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Gates, Gary	iceholder	name		Office sou State Re	-	entative Distr	ict 2	Office h 28 State F		esentative District 28		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)									
	Sch: 57/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288									
4	Date	Payee name										
		(see previous)										
	Amount (\$)	Payee address; City; State; Zip Code										
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtThompson, EdState Representative District	Office held t 29 State Representative District 29									
	Date	Payee name (see previous)										
	Amount (\$)	Payee address; City; State; Zip Code										
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense									
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
	expenditure to benefit C/OF	Morrison, Geanie State Representative District	t 30 State Representative District 30									
	Date	Payee name (see previous)										
	Amount (\$)	Payee address; City; State; Zip Code										
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtGuillen, RyanState Representative District	Office held t 31 State Representative District 31									

	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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)							
	Sch: 58/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date	5 Payee name (see previous)								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
		·								
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Hunter, Todd State Representative District	Office held t 32 State Representative District 32							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OF	Holland, Justin State Representative District	t 33 State Representative District 33							
	Date	Payee name (see previous)								
	Amount (\$)	Payee address; City; State; Zip Code								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtLopez, JanieState Representative District	Office held t 37 State Representative District 37							

			EXPENDITURE	E CATEGOR	RIES FOR	R 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 E Legal Services The Instruction Gui	Expense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NA	ME	3	Filer ID	(Ethics Commission Filers)			
	Sch: 59/112 Rpt:		latthew M. (The Ho	onorable)			00062288	· · · · · ·	
4	Date	5 Payee nan (see prev							
	Amount (\$)	7 Payee add	ress; City;	State;	Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at th	e top of this sch	edule)			le of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name M.		Office sou State Re	-	ict 4	Office he I3 State R	eld epresentative District 43
	Date	Payee nan (see prev							
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	e top of this sch	edule)			le of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sou	0	ict /	Office he	epresentative District 44
	Date	Payee nan (see prev	ne						
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	e top of this sch	edule)			le of Texas. Com officeholder living	plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		officeholder name roline		Office sou State Re	ght presentative Distr	ict 5	Office he 52 State R	eld epresentative District 52

		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 Committee 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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 60/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Murr, Andrew State Representative Distric	Office held t 53 State Representative District 53
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Buckley, Brad State Representative Distric	Office held t 54 State Representative District 54
-	Data		
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Shine, Hugh State Representative Distric	Office held t 55 State Representative District 55

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P y - Gift/Awards/Memorials Expense P					Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpense Nages/	e 'Contract Labor		Travel in Distric Travel Out of D	Equip ct District	ment & Related Expe	
1	Total pages Schedule F1:	2	FILER NAME	NAME						3	Filer ID	(E	thics Commission	Filers)
	Sch: 61/112 Rpt:		Phelan, Ma	tthew N	I. (The Hon	orable)					00062288			
4	Date		Payee name (see previo	ls)										
6	Amount (\$)		Payee addre	-	City;	Stato	Zip Co	oho						
				ss, v	Sity,	Sidle,	Ζιρ Ου							
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Si}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Col officeholder livir			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi nderson, "E		r name		Office sou State Re	•	entative Distr	rict §	Office h 56 State F		resentative Dis	strict 56
	Date		Payee name (see previo	us)										
	Amount (\$)		Payee addre	ss; (City;	State;	Zip Co	oae						
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Cor officeholder livir			
	Complete ONLY if direct		andidate/Offi	ceholde	r name	C	Office sou	ught			Office h	neld		
	expenditure to benefit C/OF	H F	layes, Richa	ard		S	State Re	pres	entative Distr	rict §	57 State F	Repr	resentative Dis	strict 57
	Date		Payee name (see previo	us)										
	Amount (\$)		Payee addre	ss; (City;	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Coi officeholder livir			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi Burns, DeWa		name		Office sou State Re	-	entative Distr	rict §	Office h 58 State F		resentative Dis	strict 58

	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 Committee 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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)								
	Sch: 62/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288								
4	Date	5 Payee name									
		(see previous)									
	Amount (\$)	7 Payee address; City; State; Zip Code									
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtSlawson, ShelbyState Representative District	Office held t 59 State Representative District 59								
	Date	Payee name (see previous)									
	Amount (\$)	Payee address; City; State; Zip Code									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
		Rogers, Glenn State Representative District	t 60 State Representative District 60								
	Date	Payee name (see previous)									
	Amount (\$)	Payee address; City; State; Zip Code									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtFrazier, FrederickState Representative District	Office held t 61 State Representative District 61								

	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 Committee 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:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)						
	Sch: 63/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name (see previous)							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtSmith, ReggieState Representative District	Office held t 62 State Representative District 62						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF	Bumgarner, Ben State Representative District	t 63 State Representative District 63						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtStucky, LynnState Representative District	Office held t 64 State Representative District 64						

		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 Committee 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 Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 64/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtThimesch, KrondaState Representative District	Office held 65 State Representative District 65
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtShaheen, MattState Representative District	Office held 66 State Representative District 66
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtLeach, JeffState Representative District	Office held 67 State Representative District 67

	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: 65/112 Rpt:	Phela	n, Matthew M. (Th	ne Honorable)				00062288	
4	Date	Payee (see r	name previous)						
6	Amount (\$)		address; City;	Stato	; Zip Co	do			
				Side	, zip cc				
8	PURPOSE OF EXPENDITURE	a) Catego	Dry (See Categories liste	ed at the top of this sch	nedule)			de of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida Spiller,	te/Officeholder nam David		Office sou State Re	•	ict 6	Office held 68 State Representative District 68	
	Date	Payee (see p	name previous)						
	Amount (\$)	rayee	address; City;	Side	; Zip Co				
	PURPOSE OF EXPENDITURE	a) Catego	Dry (See Categories liste	ed at the top of this sch	nedule)			de of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te/Officeholder nam		Office sou			Office held	
		Frank,	James		State Re	presentative Distr		69 State Representative District 69	
	Date	Payee (see p	name previous)						
	Amount (\$)	Payee	address; City;	State	; Zip Co	ode			
	PURPOSE OF EXPENDITURE	a) Catego	Dry (See Categories liste	ed at the top of this sch	nedule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		tte/Officeholder nam rt, Stan		Office sou State Re	ight presentative Distr	ict 7	Office held 71 State Representative District 71	

	EXPENDITURE CATEGORIES FOR BOX 8(a)														
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Ser	erage Expense Is/Memorials Ex		Office Ove Polling Ex Printing E Salaries/V	erhead/l kpense Expense Wages/C	Contract Labo	se r	Trar Trav Trav	vel in District	quipmer	Expense ht & Related E y not listed ab	
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	File	er ID	(Ethic	s Commiss	ion Filers)
	Sch: 66/112 Rpt:		Phelan, Ma	tthew N	1. (The Hor	norable)					000	062288			
4	Date		Payee name												
_			(see previo												
	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	ode							
8	PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi arby, Dreq	iceholde	r name		Office sou State Re	•	entative D	District	72	Office he State R		entative	District 72
	Date		Payee name												
			(see previo	us)											
	Amount (\$)		Payee addre	55,	City;	State,	Zip Co	Jue							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Si}	ee Categor	ies listed at the	top of this sch	edule)	(b) [[[ravel outs		Texas. Com eholder living			
	Complete ONLY if direct		andidate/Offi	iceholde	r name	C	Office sou	ught				Office he	eld		
	expenditure to benefit C/OF	H Is	saac, Carrie			S	State Re	prese	entative D	District	73	State R	epres	entative	District 73
	Date		Payee name (see previo												
	Amount (\$)		Payee addre	SS;	City;	State;	Zip Co	ode							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Si}	ee Categor	ies listed at the	top of this sch	edule)	(b) [[ravel outs		Texas. Com eholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offi andgraf, Br		r name		Office sou State Re	-	entative D	District	81	Office he State R		entative	District 81
		_													

	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 Committee 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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 67/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name (see previous)							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
8	PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description EXPENDITURE Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Burrows, Dustin State Representative District	Office held 83 State Representative District 83						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Tepper, Carl State Representative District	Office held 84 State Representative District 84						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. 4. officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Kitzman, Stan State Representative District	Office held 85 State Representative District 85						

				EXPE		CATEGOR	RIES FOI	R BC)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Award Legal Serv	rage Expense s/Memorials Exp		Office Ov Polling Ex Printing E Salaries/V	verhead xpense Expense Wages	e /Contract Labor		Travel in District Travel Out of Di	Equipment	pense & Related Expense not listed above)
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics	Commission Filers)
-	Sch: 68/112 Rpt:	 								00062288			
4	Date	5	Payee name (see previo										
6	Amount (\$)	7	Payee addre	ss; C	City;	State;	Zip Co	ode					
								1					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description								edule T.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Price, Four	iceholder	name		Office sou State Re	-	entative Distr	ict 8	Office h 37 State R		ntative District 87
	Date		Payee name (see previo										
	Amount (\$)		Payee addre	ss; C	City;	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living		edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off King, Ken	iceholder	name		Office sou	Ũ	ontativo Distr	iot (Office h		entative District 88
		r 1	any, ken					pies	entative Disti		So State R	epiese	
	Date		Payee name (see previo										
	Amount (\$)		Payee addre	ss; C	City;	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category _{(S}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder living		edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off Noble, Cand		name		Office sou State Re	-	entative Distr	ict 8	Office h 39 State R		ntative District 89

	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 Committee 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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 69/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name (see previous)							
	۸ maximat (Փ)								
	Amount (\$)	7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtKlick, StephanieState Representative District	Office held t 91 State Representative District 91						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF	Cook, David State Representative District	t 96 State Representative District 96						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nameOffice soughtGoldman, CraigState Representative District	Office held t 97 State Representative District 97						

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F C ittee L	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel in Gift/Awards/Memorials Expense Printing Expense Travel C						Travel in Distric Travel Out of D	Equipm t istrict	g Expense nent & Related Exp ory not listed abov			
1	Total pages Schedule F1:	2 FI	2 FILER NAME 3 File							Filer ID	(Etł	nics Commissio	n Filers)	
	Sch: 70/112 Rpt:		helan, Matt	hew M. (The Honor	rable)					00062288			,
4	Date		ayee name ee previou	s)										
	Amount (\$)		ayee addres:	s; City	<i>Γ</i> ;	State;	Zip Co	ode						
8	PURPOSE OF EXPENDITURE	(a) Ci	ategory _{(See}	e Categories	isted at the top	of this sche	edule)	(b)			de of Texas. Cor officeholder livin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic priglione, G		ame		office sou State Re	-	entative Distr	ict 9	Office h 98 State F		esentative Di	istrict 98
	Date		ayee name ee previou	s)										
	Amount (\$)	Pa	ayee addres	s; City	<i>r</i> ;	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a) Ci	ategory _{(See}	e Categories	isted at the top	of this sche	edule)	(b)			de of Texas. Cor officeholder livin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic		ame		Office sou	Ũ		iot (Office h		popriativo Di	istrict 00
		Ge	ren, Charlie	-		5	παιε κθ	pies	entative Distr		Sidle F	vehi 6		511101 99
	Date		ayee name ee previou	s)										
	Amount (\$)	Pa	ayee addres	s; City	r;	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a) Ca	ategory _{(See}	e Categories	isted at the top	of this sche	edule)	(b)			de of Texas. Cor officeholder livin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic tterson, Jar		ame		office sou State Re	-	entative Distr	ict 2	Office h 106 State F		esentative D	istrict

	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 Poling Expense - Gift/Awards/Memorials Expense Committee 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 Schedule F1:	2 FILER NAME 3	3 Filer ID (Ethics Commission Filers)						
	Sch: 71/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name (see previous)							
	Amount (\$)	7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Meyer, Morgan State Representative Distric	Office held tt 108 State Representative District						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Chen Button, Angie State Representative Distric	Office held t 112 State Representative District						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Lujan, John State Representative Distric	Office held at 118 State Representative District						

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Award Legal Serv	rage Expense s/Memorials Exp		Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpense Nages/	e Contract Labor		Travel in District Travel Out of Dis	Equipme strict	Expense nt & Related Expense y not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	cs Commission Filers)		
	Sch: 72/112 Rpt:		Phelan, Ma	tthew M	. (The Hon	orable)					00062288		
4	Date		Payee name (see previou	us)									
6	Amount (\$)	7	Payee addre	ss; C	City;	State;	Zip Co	ode					
								1					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi Ilison, Steve		name		Office sou State Re	•	entative Distr	ict 1	Office he 121 State R		sentative District
	Date		Payee name (see previou	us)									
	Amount (\$)		Payee addre	ss; C	City;	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category _{(Sé}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder livinç		
	Complete <u>ONLY</u> if direct		andidate/Offi	ceholder	name	C	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	ЧН	larless, San	ו		S	State Re	pres	entative Distr	ict 1	126 State R	epres	sentative District
	Date		Payee name (see previou	us)									
	Amount (\$)		Payee addre:	ss; C	City;	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category _{(Sé}	ee Categori	es listed at the to	op of this sch	edule)	(b)			de of Texas. Com officeholder livinç		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi Cunningham				Office sou State Re	-	entative Distr	ict 1	Office he 127 State R		sentative District

	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: 73/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date	5 Payee name							
		(see previous)							
	Amount (\$)	7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Cain, Briscoe State Representative Distric	Office held tt 128 State Representative District						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/Oł	Paul, Dennis State Representative Distric	t 129 State Representative District						
	Date	Payee name (see previous)							
	Amount (\$)	Payee address; City; State; Zip Code							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Oliverson, Tom State Representative Distric	Office held tt 130 State Representative District						

		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 - Gitt/Awards/Memorials Expense Committee 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 74/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name (see previous)	
	Amount (\$)	7 Payee address; City; State; Zip Code	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Schofield, Mike State Representative Distri	Office held ct 132 State Representative District
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought DeAyala, Mano State Representative Distri	Office held ct 133 State Representative District
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Hull, Lacey State Representative Distriction	Office held ct 138 State Representative District

		EXPENDITU	RE CATEGORIES	FOR BOX 8	(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	offic ose Polli s Expense Print	Repayment/Reir e Overhead/Rent ng Expense ng Expense ies/Wages/Contr o complete th	al Expense ract Labor	Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:		P		3	B Filer ID	(Ethics Commission Filers)
1	Sch: 75/112 Rpt:	Phelan, Matthew M. (The F	Ionorable)		3	00062288	
4	Date	Payee name see previous)			·		
6 Amount (\$) 7 Payee address; City; State; Zip Code							
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at	the top of this schedule)		Check if travel out	tside of Texas. Comp 'X, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name wanson, Valoree		sought Representa	ative Distric	Office he t 150 State Re	ld epresentative District
	Date	Payee name					
	06/30/2023	Murphy Nasica					
	Amount (\$)	Payee address; City;	State; Zip	Code			
	\$44,578.00	PO Box 1648 Austin, TX 78767					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at Advertising Expense	the top of this schedule)		Check if travel out Check if Austin, T	tside of Texas. Comp 'X, officeholder living ising - televisio	expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office	sought		Office he	ld
	Date	Payee name					
	06/30/2023	Murphy Nasica					
	Amount (\$) \$2,500.00	Payee address; City; PO Box 1648	State; Zip	Code			
		Austin, TX 78767					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at Advertising Expense	the top of this schedule)		Check if travel out Check if Austin, T	tside of Texas. Comp X, officeholder living İsing - text me	expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office	sought		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	ommittee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 76/112 Rpt:	Phelan, Matthew M. (The Honorable) 000						00062288		
4	Date 06/30/2023	5 Payee name Murphy Nasica								
6	Amount (\$)	Payee ad	ldress; City;	State:	Zip Coo	le				
-	\$2,000.00	PO Box	1648	,						
		Austin,	TX 78767							
8	PURPOSE OF EXPENDITURE		' (See Categories listed at the ing Expense	top of this sch	edule)	Check if Austi	n, TX	ide of Texas. Comp , officeholder living) production a		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	Payee na	ame							
	06/30/2023	Murphy	Nasica							
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Coo	le				
	\$1,261.50	PO Box Austin,	1648 TX 78767							
	PURPOSE OF EXPENDITURE		' (See Categories listed at the ing Expense	top of this sch	edule)		n, TX,	ide of Texas. Comp , officeholder living sing (text can	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	Payee na	ame					-		
	06/30/2023	Murphy	Nasica							
	Amount (\$) \$5,500.00	Payee ad PO Box		State;	Zip Coo	le				
		Austin,	TX 78767							
	PURPOSE OF EXPENDITURE		' (See Categories listed at the /Wages/Contract Lab		edule)		n, TX,	ide of Texas. Comp , officeholder living h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/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 Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 77/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 02/01/2023	Payee name Naedler, Jennifer								
6	Amount (\$)	Payee address; City; State; Zip Code								
Ū	\$17,156.00 12122 Cypress Creek Lakes Dr									
	Cypress, TX 77433									
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sulting services							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/07/2023	Neal, Theresa								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$665.00	2204 Indian Trail								
		Austin, TX 78703								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense hic design services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/01/2023	Overflow Communications								
	Amount (\$) \$5,862.50	Payee address; City; State; Zip Code PO Box 92451 <								
		Austin, TX 78709								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense e ch writer							
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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 Expens Gift/Awards/Memorials I e Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILI		•		<u> </u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 78/112 Rpt:		elan, Matthew M. (The Ho	onorable)				00062288	
4	Date 01/13/2023		ee name kins, Lauren K.						
6	6 Amount (\$) \$461.75 Po Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at th aries/Wages/Contract La		edule)		I, TX	ide of Texas. Comp , officeholder living payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Pay	ee name						
	01/31/2023	Per	kins, Lauren K.						
	Amount (\$) \$461.75	PO	ee address; City; Box 5990 :tin, TX 78763	State;	; Zip Coc	e			
	PURPOSE OF EXPENDITURE		egory (See Categories listed at th aries/Wages/Contract La		edule)		n, TX,	ide of Texas. Comp , officeholder living payroll	
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Pay	ee name						
	02/15/2023		kins, Lauren K.						
	Amount (\$) \$461.75		ee address; City; Box 5990	State;	; Zip Coc	e			
		Aus	tin, TX 78763						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at th aries/Wages/Contract La	•	edule)		n, TX	ide of Texas. Comp , officeholder living payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		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 Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense 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: 79/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288		
4	Date 02/28/2023	5	Payee name Perkins, Lauren K.						
6	6 Amount (\$) \$461.75 PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	03/15/2023		Perkins, Lauren K.						
	Amount (\$) \$461.75		Payee address; City; State; PO Box 5990 Austin, TX 78763	Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	03/31/2023		Perkins, Lauren K.						
	Amount (\$) \$461.75		Payee address; City; State; PO Box 5990	Zip Coo	le				
			Austin, TX 78763						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	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						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: 80/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288		
4	Date 04/14/2023		Payee name Perkins, Lauren K.						
6	6 Amount (\$) \$461.75 Po Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	04/28/2023		Perkins, Lauren K.						
	Amount (\$) \$461.75		Payee address; City; State; PO Box 5990 Austin, TX 78763	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held		
	Date		Payee name						
	05/15/2023		Perkins, Lauren K.						
	Amount (\$) \$461.75		Payee address; City; State; PO Box 5990	Zip Co	le				
			Austin, TX 78763						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Salaries/Wages/Contract Labor	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee 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:	2			·	3	Filer ID (Ethics Commission Filers)		
	Sch: 81/112 Rpt:	-	Phelan, Matthew M. (The Honorable) 00062288						
4	Date	5	Payee name						
	05/31/2023		Perkins, Lauren K.						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$461.75		PO Box 5990						
			Austin, TX 78763						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
	OF	Ľ	Salaries/Wages/Contract Labor	euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austir	I, TX,	, officeholder living expense		
					Campaign st	aff	payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	06/15/2023		Perkins, Lauren K.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$461.75		PO Box 5990						
			Austin, TX 78763						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Jht		Office held		
	expenditure to benefit C/OI								
	Date		Payee name						
	06/30/2023		Perkins, Lauren K.						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$461.75		PO Box 5990						
			Austin, TX 78763						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor			I, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll		
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	iht		Office held		
	expenditure to benefit C/Oł				,				
-									

	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 Gift/Awards/Memorials Expense Printing Expense						Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER	NAME	-		-	3	Filer ID	(Ethics Commission Filers)
	Sch: 82/112 Rpt:		n, Matthew M. (The Ho	norable)				00062288	(
4	Date 01/13/2023	Payee Polloc	name k, Cassandra J.						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$914.99 PO Box 5990 Austin, TX 78763								
8	PURPOSE OF EXPENDITURE		ory (See Categories listed at the es/Wages/Contract Lab		edule) (I, TX	ide of Texas. Com , officeholder living payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida	te/Officeholder name	0	office soug	nt		Office he	eld
	Date	Payee	name						
	01/31/2023	Polloc	k, Cassandra J.						
	Amount (\$) \$914.97	PO Bo	address; City; ox 5990 , TX 78763	State;	Zip Cod	2			
	PURPOSE OF EXPENDITURE	a) Catego	Dry (See Categories listed at the es/Wages/Contract Lab		edule) (n, TX	ide of Texas. Com , officeholder living payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	ffice soug	nt		Office he	ld
	Date	Payee	name						
	02/15/2023		k, Cassandra J.						
	Amount (\$) \$914.99		address; City; ox 5990	State;	Zip Cod	5			
		Austir	, TX 78763						
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the es/Wages/Contract Lab	•	edule) (I, TX	ide of Texas. Com , officeholder living payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	office soug	nt		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 Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILE		•		<u> </u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 83/112 Rpt:		an, Matthew M. (The Ho	norable)				00062288	(
4	Date 02/28/2023	Paye Pollo	e name ick, Cassandra J.						
6	Amount (\$) \$914.98	POI	e address; City; Box 5990 in, TX 78763	State;	; Zip Cod	e			
8	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ries/Wages/Contract La		edule) (n, TX	ide of Texas. Com , officeholder living payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Paye	e name						
	03/15/2023	Pollo	ck, Cassandra J.						
	Amount (\$) \$914.98	PO	e address; City; Box 5990 in, TX 78763	State;	; Zip Cod	e			
	PURPOSE OF EXPENDITURE	a) Cate	gory (See Categories listed at the ries/Wages/Contract La		edule)		ı, TX	ide of Texas. Com , officeholder living payroll	
	Complete ONLY if direct expenditure to benefit C/OF	Candio	late/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Paye	e name						
	03/31/2023		ock, Cassandra J.						
	Amount (\$) \$914.98		e address; City; Box 5990	State;	; Zip Cod	e			
		Aust	in, TX 78763						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ries/Wages/Contract La	•	edule)		ı, TX	ide of Texas. Com , officeholder living payroll	
	Complete ONLY if direct expenditure to benefit C/OF	Candio	late/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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explai	Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2 F			-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 84/112 Rpt:		Phelan, Matthew M. (The Honorable)			00062288		
4	Date 04/14/2023		Payee name Pollock, Cassandra J.						
6	Amount (\$) \$914.98	F	Payee address; City; Sta PO Box 5990 Austin, TX 78763	ite; Zip Co	ode				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule)		ravel out Austin, TX	side of Texas. Com X, officeholder living • payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ıght		Office he	eld	
	Date	F	Payee name						
	04/28/2023	F	Pollock, Cassandra J.						
	Amount (\$) \$914.98	F	PO Box 5990	ite; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a) (Austin, TX 78763 Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule)		ravel out Austin, TX	side of Texas. Com X, officeholder living • payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office he	ld	
	Date	F	Payee name						
	05/15/2023		Pollock, Cassandra J.						
	Amount (\$) \$914.98		Payee address; City; Sta PO Box 5990	ite; Zip Co	ode				
		4	Austin, TX 78763		1				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule)		ravel out Austin, TX	side of Texas. Com X, officeholder living • payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght		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							Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME	-		-	3	Filer ID	(Ethics Commission Filers)
	Sch: 85/112 Rpt:		elan, Matthew M. (The	e Honorable)				00062288	
4	Date 05/31/2023		/ee name llock, Cassandra J.						
6	Amount (\$) \$914.98	PC	vee address; City; 9 Box 5990 stin, TX 78763	State;	; Zip Cod	e			
8	PURPOSE OF EXPENDITURE		egory (See Categories listed laries/Wages/Contrac		edule) (ı, TX	ide of Texas. Com , officeholder living payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	e C	Office soug	ht		Office he	eld
	Date	Pa	/ee name						
	06/15/2023	Po	llock, Cassandra J.						
	Amount (\$) \$914.98	PC	vee address; City; Box 5990	State;	; Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a) Ca	stin, TX 78763 egory _{(See Categories listed} laries/Wages/Contrac		edule) (ı, TX	ide of Texas. Com _l , officeholder living payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	e C	Office soug	ht		Office he	eld
	Date	Pa	/ee name						
	06/30/2023		llock, Cassandra J.						
	Amount (\$) \$914.99		vee address; City; Box 5990	State;	; Zip Cod	e			
		Au	stin, TX 78763		i				
	PURPOSE OF EXPENDITURE		egory (See Categories listed laries/Wages/Contrac		edule)		ı, TX	ide of Texas. Com , officeholder living payroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	e C	Dffice 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	Event Expense Loan Repayment/Rein Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete thi	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 86/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 01/04/2023	5 Payee name QuickBooks Payroll Service								
6	Amount (\$) \$1.87	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043								
8	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign payroll processing fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/13/2023	QuickBooks Payroll Service								
	Amount (\$) \$22.39	Payee address; City; State; Zip Code 2700 Coast Ave								
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign payroll processing fee							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/31/2023	QuickBooks Payroll Service								
	Amount (\$) \$24.25	Payee address; City; State; Zip Code 2700 Coast Ave								
		Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign payroll processing fee							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/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 Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						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: 87/112 Rpt:		Phelan, Matthew M. (The Honorabl	e)				00062288			
4	Date	5	Payee name								
	02/15/2023		QuickBooks Payroll Service								
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	Code						
	\$22.39		2700 Coast Ave								
			Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(b)	Description					
	OF		Salaries/Wages/Contract Labor	is senedule)		·	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		-					officeholder living expense			
						Campaign pa	yro	Il processing fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bught			Office held			
	Date		Payee name								
	02/28/2023		QuickBooks Payroll Service								
	Amount (\$)	-	Payee address; City; S	tate; Zip C	Code						
	\$22.39		2700 Coast Ave	uuto, <u>–</u> .p t							
	ΨΖΖ.00		2100 00031700								
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.			
								officeholder living expense			
						Campaign pa	tyru	Il processing fee			
				01	<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held			
	•	_									
	Date		Payee name								
	03/15/2023		QuickBooks Payroll Service								
	Amount (\$)			tate; Zip C	Code						
	\$22.39		2700 Coast Ave								
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.			
	LAFENDITORE							officeholder living expense			
						Campaign pa	iyro	oll processing fee			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought			Office held			
	expenditure to benefit C/OI	Η									

	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 Food/Beverage Expense Polling Expense Travel in Distri Gift/Awards/Memorials Expense Printing Expense Travel Out of I										
1	Total pages Schedule F1:	FILER	JAME	·	•		3 Filer ID	(Ethics Commission Filers)				
-	Sch: 88/112 Rpt:	Phelan, Matthew M. (The Honorable) 00062288										
4	Date 03/31/2023	Payee r QuickB	ame ooks Payroll Service									
6	Amount (\$) \$22.39											
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Offic	ce sought		Office	held				
	Date	Payee r	ame									
	04/14/2023	QuickB	ooks Payroll Service									
	Amount (\$) \$22.39		uddress; City; coast Ave ain View, CA 94043	State; Z	Zip Code							
	PURPOSE OF EXPENDITURE	a) Categor	Y (See Categories listed at the tr s/Wages/Contract Labo		le) (b)	Check if Austin	outside of Texas. Co n, TX, officeholder liv ayroll processi	ing expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Offic	ce sought		Office	held				
	Date	Payee r	name									
	04/28/2023	QuickB	ooks Payroll Service									
	Amount (\$) \$22.39	Payee a 2700 C	address; City; coast Ave	State; Z	Zip Code							
		Mounta	ain View, CA 94043									
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the tr s/Wages/Contract Labo		_{le)} (b)	Check if Austin	outside of Texas. Co n, TX, officeholder liv ayroll processi	ing expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Offic	ce 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	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: 89/112 Rpt:	Phelan, Matthew M. (The Honorable) 00062288									
4	Date	5	Payee name								
	05/15/2023		QuickBooks Payroll Service								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$22.39		2700 Coast Ave								
		Mountain View, CA 94043									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor			outside of Texas. Complete Schedule T.					
						n, TX, officeholder living expense					
					Campaign pa	ayroll processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght	Office held					
	Date		Payee name								
	05/31/2023		QuickBooks Payroll Service								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$22.39		2700 Coast Ave	, 1							
	\$22.00		2100 00001/100								
			Mountain View, CA 94043								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor			outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
						ayroll processing fee					
					Campaign po						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt	Office held					
	expenditure to benefit C/Oł			Onice sou	ynt	Office field					
		_									
	Date		Payee name								
	06/15/2023		QuickBooks Payroll Service								
	Amount (\$)			e; Zip Co	de						
	\$22.39		2700 Coast Ave								
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF		Salaries/Wages/Contract Labor	ŕ	Check if travel	outside of Texas. Complete Schedule T.					
	EXPENDITURE		ů.			n, TX, officeholder living expense					
					Campaign pa	ayroll processing fee					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	Office held					
	expenditure to benefit C/OI	Н									

	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 Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries The Instruction Guide explains how to c	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: 90/112 Rpt:	helan, Matthew M. (The Honorable)		00062288							
4	Date 06/30/2023	Payee name QuickBooks Payroll Service									
6	Amount (\$) \$22.39	7 Payee address; City; State; Zip Code .39 2700 Coast Ave Mountain View, CA 94043									
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign payroll processing fee										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held							
	Date	ayee name									
	03/01/2023	agnar Research Partners									
	Amount (\$) \$110,200.00	ayee address; City; State; Zip C 03 E St SE	ode								
	PURPOSE OF	Vashington, DC 20003 ategory (See Categories listed at the top of this schedule) rolling Expense	(b) Description	outside of Texas. Complete Schedule T.							
	EXPENDITURE			n, TX, officeholder living expense Illing expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held							
	Date	ayee name									
	06/07/2023	agnar Research Partners									
	Amount (\$) \$30,500.00	ayee address; City; State; Zip C 03 E St SE	ode								
		Vashington, DC 20003	İ.a. a								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) colling Expense	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense I rvey research							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	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	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: 91/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288					
4	Date 04/10/2023	5	Payee name Ragnar Research Partners									
6	Amount (\$) \$71,700.00	7	 7 Payee address; City; State; Zip Code 103 E St SE Washington, DC 20003 									
8	PURPOSE OF EXPENDITURE	OF Polling Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office held					
	Date		Payee name									
	01/18/2023		Ready Refresh									
	Amount (\$) \$713.52		Payee address; City; State; PO Box 856680	Zip Co	le							
			Louisville, KY 40285-6680									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho Office Overhead/Rental Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense or legislative office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ht		Office held					
	Date		Payee name									
	02/18/2023		Ready Refresh									
	Amount (\$) \$763.52		Payee address; City; State; PO Box 856680	Zip Co	le							
			Louisville, KY 40285-6680									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense or legislative office					
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	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		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 ID (Ethics Commission Filers)							
1	Sch: 92/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288							
4	Date 03/18/2023	5 Payee name Ready Refresh								
6	Amount (\$) \$510.94	Payee address; City; State; Zip Code PO Box 856680 Louisville, KY 40285-6680								
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. X, officeholder living expense for legislative office							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/04/2023	Richmond, Kristine E.								
	Amount (\$) \$461.75	Payee address; City; State; Zip Code PO Box 5990								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense f payroll							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/13/2023	Richmond, Kristine E.								
	Amount (\$) \$230.87	Payee address; City; State; Zip Code PO Box 5990								
		Austin, TX 78763								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense f payroll							
	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 Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 93/112 Rpt:		Phelan, Matthew	v M. (The Honor	able)				00062288	
4	Date	5	Payee name							
	01/31/2023		Richmond, Krist	ine E.						
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	le			
	\$230.88		PO Box 5990							
			Austin, TX 7876	3						
8	PURPOSE	(a)	Category (See Cat	egories listed at the top o	of this sche	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages							nplete Schedule T.
									, officeholder living	g expense
							Campaign st	aff	payroll	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	0	ffice sou	Jht		Office h	eld
	Date		Payee name							
	02/15/2023		Richmond, Krist	ine E.						
	Amount (\$)		Payee address;	City;	State;	Zip Co	le			
	\$230.87		PO Box 5990	-						
			Austin, TX 7876	3						
	PURPOSE OF	(a)	Category (See Cat	egories listed at the top o	of this sche	edule)	(b) Description			
	EXPENDITURE		Salaries/Wages	Contract Labor					ide of Texas. Corr , officeholder living	nplete Schedule T.
							Campaign st			y expense
							Cumpaign St	սոլ	payron	
_	Complete ONLY if direct		Candidate/Officeho	lder name	0	ffice sout	iht		Office h	eld
	expenditure to benefit C/OI		Janaidate, Oniceno		0	1100 3000	jint (Office In	
_	Date		Payee name							
	02/28/2023		Richmond, Krist	ine E.						
	Amount (\$)		Payee address;	City;	State:	Zip Co	le			
	\$230.88		PO Box 5990		,	1				
			Austin, TX 7876	3						
	PURPOSE	(a)	Category (See Cat	egories listed at the top o	of this sche	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages	Contract Labor						nplete Schedule T.
							Campaign st		, officeholder living	g expense
							Campaign St	all	μαγιθιί	
	Complete ONUV if direct	Ľ	Condidate/Office ha	Idor nome	~	ffing age	ubt		Office	old
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	iuer name	0	ffice sou	Jrit		Office h	eiu

	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 Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						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: 94/112 Rpt:			1. (The Honorable)				00062288		
4	Date	5	Payee name							
	03/15/2023		Richmond, Kristine	e E.						
6	Amount (\$)	7	Payee address;	City; State	; Zip Co	le				
	\$230.87		PO Box 5990							
			Austin, TX 78763							
8	PURPOSE	(a)			I	(b) Description				
ľ	OF	(<i>a</i>)	Salaries/Wages/Co	ries listed at the top of this sch	iedule)	(b) Description	outsi	side of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wayes/Co					K, officeholder living expense		
						Campaign st	aff	payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Dffice sou	ıht		Office held		
	Date		Payee name							
	03/31/2023		Richmond, Kristine	eE.						
_	Amount (\$)		Payee address;	City; State	; Zip Co	le				
	\$230.88		PO Box 5990		, <u>_</u> .p ee					
	φ200.00		10 00x 3330							
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Salaries/Wages/Co	ries listed at the top of this sch Ontract Labor	nedule)		n, TX,	side of Texas. Complete Schedule T. <, officeholder living expense pavroll		
						1				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholde	r name C	Dffice sou	ıht		Office held		
	Date		Payee name							
	04/14/2023		Richmond, Kristine	e E.						
-	Amount (\$)		Payee address;	City; State	; Zip Co	le				
	\$230.88		PO Box 5990		, <u> .</u> p oo					
			Austin, TX 78763							
	PURPOSE	(a)	Category (See Categor	ries listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Co	ontract Labor			n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense payroll		
-	Complete ONLV if direct	Ļ	Candidate/Officeholde	r name		uht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Office sou	jin		Onice neiu		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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: 95/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288				
4	Date	5	Payee name								
	04/28/2023		Richmond, Kristine E.								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$230.88		PO Box 5990								
			Austin, TX 78763								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		outs	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					Campaign st	aff	payroll				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	Jht		Office held				
	Date		Payee name								
	05/15/2023		Richmond, Kristine E.								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$230.87		PO Box 5990								
			Austin, TX 78763								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense navroll				
					campaignet	an					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held				
	Date		Payee name								
	05/31/2023		Richmond, Kristine E.								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$230.88		PO Box 5990								
			Austin, TX 78763								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor			n, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll				
-	Complete ONLY if direct	L(Candidate/Officeholder name O)ffice sou	iht		Office held				
	expenditure to benefit C/OI										

	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 mittee Legal Services The Instruction Guide explains	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	· · ·			3	Filer ID (Ethics Commission Filers)				
-	Sch: 96/112 Rpt:		Phelan, Matthew M. (The Honorable)	00062288							
4	Date 06/15/2023		Payee name Richmond, Kristine E.								
6	Amount (\$) \$230.87	7 Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763									
8	PURPOSE OF EXPENDITURE	OF Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	ıht		Office held				
	Date	ł	Payee name								
	06/30/2023		Richmond, Kristine E.								
	Amount (\$) \$230.88	I	Payee address; City; State PO Box 5990 Austin, TX 78763	; Zip Co	le						
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Dayroll				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıht		Office held				
	Date	I	Payee name								
	01/01/2023		San Antonio Partners								
	Amount (\$) \$7,650.00		Payee address; City; State 1402 San Antonio St Ste 200	; Zip Co	le						
			Austin, TX 78701	r							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense rent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Dffice sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committ	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo tegal Services The Instruction Guide		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2 EII				proto tilo romi	2	Filer ID	(Ethics Commission Filers)		
-	Sch: 97/112 Rpt:		elan, Matthew M. (The Hond	orable)				00062288			
4	Date		ree name								
	04/28/2023		n Antonio Partners								
6	Amount (\$) \$7,650.00										
			stin, TX 78701								
8	B 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 Campaign office rent										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	0	office soug	nt		Office held	d		
	Date	Pay	vee name								
	01/21/2023	Sp	ectrum Mobile								
	Amount (\$)	Pa	vee address; City;	State;	Zip Cod	e					
	\$125.00		4 S Falkenburg Rd erview, FL 77027								
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ice Overhead/Rental Expen		edule) (ı, TX,	de of Texas. Compl officeholder living e Cell phone			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	0	office soug	nt		Office hel	d		
	Date	Pa	vee name								
	03/21/2023	-	ectrum Mobile								
	Amount (\$) \$102.00		vee address; City; 4 S Falkenburg Rd	State;	Zip Cod	e					
		Riv	erview, FL 77027								
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ice Overhead/Rental Expen		edule) (ı, ТХ,	de of Texas. Compl officeholder living e cell phone			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	0	office soug	nt		Office held	d		

	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 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	•		•	3	Filer ID (Ethics Commission Filers)					
	Sch: 98/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288					
4	Date	5	Payee name									
	04/21/2023		Spectrum Mobile									
6	Amount (\$)											
	\$102.00		414 S Falkenburg Rd									
		Riverview, FL 77027										
8	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense					
					Campaign st							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held					
	Date		Payee name									
	05/21/2023		Spectrum Mobile									
	Amount (\$)		Payee address; City; State;	; Zip Co	le							
	\$102.00		414 S Falkenburg Rd									
			Riverview, FL 77027									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Cell phone					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	Jht		Office held					
	Date		Payee name									
	06/21/2023		Spectrum Mobile									
	Amount (\$)		Payee address; City; State;	; Zip Co	le							
	\$102.00		414 S Falkenburg Rd									
			Riverview, FL 77027									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense Cell phone					
-	Complete ONLY if direct		Candidate/Officeholder name	Dffice sou	Jht		Office held					
	expenditure to benefit C/OI	-1										

	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/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co	tental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 99/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288						
4	Date 01/11/2023	Payee name Inited Healthcare							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,515.48	250 S Capital of Texas Hwy #1 Vest Lake, TX 78746							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) D	vescription						
0	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/10/2023	Jnited Healthcare							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,515.48	250 S Capital of Texas Hwy #1 Vest Lake, TX 78746							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) D Dffice Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign healthcare insurance						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/10/2023	Jnited Healthcare							
	Amount (\$) \$50.60	Payee address; City; State; Zip Code 250 S Capital of Texas Hwy #1							
		Vest Lake, TX 78746							
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign healthcare insurance						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/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 Gitt/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 Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 100/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date 06/12/2023	Payee name United Healthcare	
6	Amount (\$) \$654.17	Payee address; City; State; Zip Code 1250 S Capital of Texas Hwy #1 West Lake, TX 78746	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense althcare insurance
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/03/2023	United States Treasury	
	Amount (\$) \$76.50	Payee address; City; State; Zip Code Internal Revenue Service	
	PURPOSE	Ogden, UT 84201	
	OF	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/13/2023	United States Treasury	
	Amount (\$) \$5,007.28	Payee address; City; State; Zip Code Internal Revenue Service	
		Ogden, UT 84201	
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll taxes
	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: 101/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288					
4	Date 01/25/2023	Payee name United States Treasury						
6	Amount (\$) \$37.50	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 84201						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll taxes						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/27/2023	United States Treasury						
	Amount (\$) \$5,007.24	Payee address; City; State; Zip Code Internal Revenue Service						
		Ogden, UT 84201						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll taxes					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/15/2023	United States Treasury						
	Amount (\$) \$5,180.88	Payee address; City; State; Zip Code Internal Revenue Service						
		Ogden, UT 84201						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll taxes					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGOR	RIES 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 Trar Food/Beverage Expense Polling Expense Trav Gift/Awards/Memorials Expense Printing Expense Trav				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: 102/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288
4	Date 02/28/2023		Payee name United States Treasury				
6	Amount (\$) \$5,365.24		Payee address; City; State; Internal Revenue Service Ogden, UT 84201	Zip Coo	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held
	Date		Payee name				
	03/13/2023		United States Treasury				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$5,365.26		Internal Revenue Service Ogden, UT 84201				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	03/31/2023		United States Treasury				
	Amount (\$) \$5,415.26		Payee address; City; State; Internal Revenue Service	Zip Coo	le		
			Ogden, UT 84201				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held

			EXPENDITURE CAT	EGOR	IES 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 - Gift/Awards/Memorials Expense				Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 103/112 Rpt:	P	helan, Matthew M. (The Honora	ble)				00062288	
4	Date 04/14/2023		ayee name nited States Treasury						
6			-	Stato [.]	Zip Cod	0			
U	\$5,415.26	Ir	gden, UT 84201	State,		G			
8	PURPOSE	(a) (b) Description			
0	OF		ategory (See Categories listed at the top of alaries/Wages/Contract Labor	this schee	dule)		ı, ТХ,	ide of Texas. Comp , officeholder living payroll taxes	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office he	ld
	Date	Р	ayee name						
	04/28/2023	ι	nited States Treasury						
	Amount (\$)	P	ayee address; City;	State;	Zip Cod	e			
	\$387.01		ternal Revenue Service gden, UT 84201						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of alaries/Wages/Contract Labor	this scher	dule)		ı, ТХ,	ide of Texas. Comp , officeholder living payroll taxes	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office he	ld
	Date	Р	ayee name						
	04/28/2023		nited States Treasury						
	Amount (\$) \$5,415.20		ayee address; City; tternal Revenue Service	State;	Zip Cod	e			
		С	gden, UT 84201						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of alaries/Wages/Contract Labor	this scheo	dule)		ı, ТХ,	ide of Texas. Comp , officeholder living payroll taxes	expense
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office he	ld

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T				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: 104/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288
4	Date 05/15/2023		^p ayee name Jnited States Treasury				
6			-	; Zip Co			
U	\$5,415.30	1	nternal Revenue Service Dgden, UT 84201	ε, Ζιρ ου	76		
8	PURPOSE	(a) ((b) Description		
0	OF		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)	Check if travel	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held
	Date	I	Payee name				
	05/31/2023	(Jnited States Treasury				
	Amount (\$)	1	Payee address; City; State	e; Zip Co	de		
	\$5,415.22		nternal Revenue Service Dgden, UT 84201				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	yht		Office held
	Date	6	Payee name				
	06/13/2023		Jnited States Treasury				
	Amount (\$) \$5,415.28		Payee address; City; State nternal Revenue Service	e; Zip Co	de		
		(Dgden, UT 84201				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes
	Complete ONLY 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						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: 105/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288	
4	Date 06/28/2023		Payee name United States Treasury					
6	Amount (\$) \$5,415.20		Payee address; City; State; Internal Revenue Service Ogden, UT 84201	Zip Co	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense payroll taxes	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	01/11/2023		Verizon					
	Amount (\$) \$125.00		Payee address; City; State; PO Box 489 Newark, NJ 77101	Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense cell phone	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ht		Office held	
	Date		Payee name					
	02/11/2023		Verizon					
	Amount (\$) \$125.00		Payee address; City; State; PO Box 489	Zip Coo	le			
			Newark, NJ 77101					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense cell phone	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	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/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lal	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 106/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date 02/21/2023	Payee name Verizon	
6	Amount (\$) \$125.00	Payee address; City; State; Zip Code PO Box 489 Newark, NJ 77101	
8	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn staff cell phone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/11/2023	Verizon	
	Amount (\$) \$125.00	Payee address; City; State; Zip Code PO Box 489 Newark, NJ 77101	
	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn staff cell phone
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/11/2023	Verizon	
	Amount (\$) \$125.00	Payee address; City; State; Zip Code PO Box 489	
		Newark, NJ 77101	
	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn staff cell phone
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITU	RE CATEGOR	RIES 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 Expe Gitt/Awards/Memorial nittee Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 5					2	Filer ID	(Ethics Commission Filers)
-	Sch: 107/112 Rpt:		Phelan, Matthew M. (The I	Honorable)				00062288	
4	Date 05/11/2023		ayee name /erizon						
6	Amount (\$) \$125.00	F	ayee address; City; 20 Box 489 Jewark, NJ 77101	State;	; Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental Ex		edule)		n, TX,	de of Texas. Com officeholder living Cell phone	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	С	Office soug	ht		Office he	əld
	Date	F	ayee name						
	06/11/2023	\	/erizon						
	Amount (\$) Payee address; City; State; Zip Code \$125.00 PO Box 489 Newark, NJ 77101								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental E>		iedule)		n, TX,	de of Texas. Com officeholder living Cell phone	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office he	eld
	Date	F	ayee name						
	01/13/2023	۱v	Vatts, Sydney P.						
	Amount (\$) \$577.19		ayee address; City; PO Box 5990	State;	; Zip Coo	le			
		A	ustin, TX 78763						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Galaries/Wages/Contract L		iedule)		n, TX,	de of Texas. Com officeholder living p ayroll	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	ht		Office he	əld

		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 Gift/Awards/Memorials 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 Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 108/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date 01/31/2023	Payee name Watts, Sydney P.	
6	Amount (\$) \$577.18	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/15/2023	Watts, Sydney P.	
	Amount (\$) \$577.19	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763	
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel of the contract labor	outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/28/2023	Watts, Sydney P.	
	Amount (\$) \$577.19	Payee address;City;State;Zip CodePO Box 5990	
		Austin, TX 78763	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense aff payroll
	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 - 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:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 109/112 Rpt:		Phelan, Matthew M. (The Honorable)				00062288			
4	Date 03/15/2023		Payee name Watts, Sydney P.							
6	Amount (\$) \$577.19		Payee address; City; State; PO Box 5990 Austin, TX 78763	Zip Co	le					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign staff payroll								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C)ffice sou	ht		Office held			
	Date		Payee name							
	03/31/2023		Watts, Sydney P.							
	Amount (\$) Payee address; City; State; Zip Code \$577.18 PO Box 5990 Austin, TX 78763									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense payroll			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	office sou	ht		Office held			
	Date		Payee name							
	04/14/2023		Watts, Sydney P.							
	Amount (\$) \$577.18		Payee address; City; State; PO Box 5990	Zip Co	le					
			Austin, TX 78763							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense payroll			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense I Committee 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:	2 FII		•		•	3	Filer ID (Ethics Commission Filers)	-	
	Sch: 110/112 Rpt:		Phelan, Matthew M. (The Honorable)					00062288		
4	Date 04/28/2023		vee name atts, Sydney P.							
6	Amount (\$) \$577.19	PC	vee address; City; 9 Box 5990 stin, TX 78763	State;	; Zip Coo	e				
8	PURPOSE OF EXPENDITURE		iegory (See Categories listed at the laries/Wages/Contract Lat		edule)		ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense payroll		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office soug	ht		Office held		
	Date 05/15/2023		vee name atts, Sydney P.							
	Amount (\$) \$577.19	PC	vee address; City; 9 Box 5990 stin, TX 78763	State;	; Zip Coo	e				
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the laries/Wages/Contract Lab		edule)		ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office soug	ht		Office held		
	Date	Pa	/ee name							
	05/31/2023	Wa	atts, Sydney P.							
	Amount (\$) \$577.18		vee address; City; 9 Box 5990	State;	; Zip Coo	e				
		Au	stin, TX 78763							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the laries/Wages/Contract Lat		edule)		ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense payroll		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	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 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: 111/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288				
4	Date 06/15/2023	Payee name Watts, Sydney P.					
6	Amount (\$) \$577.19	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/30/2023	Watts, Sydney P.					
	Amount (\$) \$577.19	Payee address; City; State; Zip Code PO Box 5990 Austin, TX 78763					
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense ff payroll				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/01/2023	Wood Aviation					
	Amount (\$) \$5,644.86	Payee address; City; State; Zip Code 221 Stearman Dr					
		Georgetown, TX 78628					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S for political travel				
	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	cal Committee 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)
	-	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)
	Sch: 112/112 Rpt:	Phelan, Matthew M. (The Honorable)	00062288
4	Date	5 Payee name	
	05/01/2023	YRNC Dallas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00		
		Plano, TX 75025	
_			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	tride of Tourse Operations Ophenkula T
	EXPENDITURE		ıtside of Texas. Complete Schedule T. IX, officeholder living expense
			pr political event
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

	UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	rsement Solicitation/Fundraising Expense xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) porm.	
1	Total pages Schedule F2: Sch: 1/2 Rpt: 123/203	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$ 278.62
5	Date 06/05/2023	6 Payee name Murphy Nasica	
7	Amount (\$) \$15,500.00	8 Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense al research
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 05/22/2023	Payee name Murphy Nasica	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
	TYPE OF EXPENDITURE	X Political Non-Political	
	PURPOSE OF EXPENDITURE		tion :k if travel outside of Texas. Complete Schedule T. :k if Austin, TX, officeholder living expense al research
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

UNPAID INCU	RRED OBLIGATION	S			SCHEDULE F2			
	EXPENDITURE	CATEGORIES FO	R BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex	Loan Re Office Ov Polling E Rpense Printing I Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportatior Travel in Distr Travel Out of				
1 Total pages Schedule F2:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)			
Sch: 2/2 Rpt: 124/203	Phelan, Matthew M. (The Ho	norable)		00062288				
⁴ TOTAL OF UNITEM	IZED UNPAID INCURRED OB	LIGATIONS		\$	278.62			
5 Date	6 Payee name			•				
05/12/2023	Murphy Nasica							
7 Amount (\$) \$7,500.00	8 Payee address; City; PO Box 1648	State; Zip C	ode					
	Austin, TX 78767							
9 TYPE OF EXPENDITURE	X Political	Non-Po	litical					
10 PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description					
OF EXPENDITURE	Advertising Expense			outside of Texas. Co				
				n, TX, officeholder livi				
			Political adve	ertising - text r	nessages			
				- <i>"</i>				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name	Office so	ught	Office	held			

EXPENDITURI	ES MADE BY CRED	IT CARD			
					SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials al Committee Legal Services	se Office Ov Se Polling Expense Printing E	ayment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Transportation E Travel in District Travel Out of Di	
1 Total pages Schedule F4: Sch: 1/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	lonorable)		3 Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHAI	RGED TO A CRE	DIT CARD	\$	3,042.66
5 Date 05/15/2023	6 Payee name ABC Bank				
7 Amount (\$) \$55.24	8 Payee address; City; PO Box 650789	State; Zip Co	de		
9 TYPE OF EXPENDITURE	Dallas, TX 75265	Non-Pol	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Fees	he top of this schedule)		l outside of Texas. Com n, TX, officeholder living rGe	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate/Officeholder name H	Office sou	ght	Office h	eld
Date 01/30/2023	Payee name Adobe				
Amount (\$) \$237.07	Payee address; City; 345 Park Ave	State; Zip Co	de		
	San Jose, CA 95110				
TYPE OF EXPENDITURE	X Political	Non-Pol	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Exp		Check if Austi	l outside of Texas. Com n, TX, officeholder living are for campaig	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office h	eld

EXPENDITURI	SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Fod/Beverage Exper y - Gift/Awards/Memorials al Committee Legal Services		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 F4: Sch: 2/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	Honorable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$ 3,042.66
5 Date 01/07/2023	6 Payee name Amazon		
7 Amount (\$) \$32.46	8 Payee address; City; PO Box 81226 Seattle, WA 98108-1226	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Ex	pense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense political office
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 02/22/2023	Payee name Amazon		
Amount (\$) \$20.15	Payee address; City; PO Box 81226	State; Zip Code	
	Seattle, WA 98108-1226		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Ex	pense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense political office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPE	ENDITURE	ES MADE	BY CREDI	T CARD				SCHEDULE F4	
	/Banking						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pag Sch: 3/7	es Schedule F4: 9 Rpt:		IE atthew M. (The Hor	norable)		3	Filer ID00062288	(Ethics Commission Filers)	
⁴ TOTAL	OF UNITEMIZ	ZED EXPENI	DITURES CHAR	GED TO A C	REDIT CAF		6	3,042.66	
5 Date 03/16/20	-	6 Payee name Amazon							
7 Amount (\$	\$) \$34.62	8 Payee addr PO Box 81 Seattle W		State; Zip	Code				
9 TYPE EXPENI		X	Political	Non-	Political				
10 PURF O EXPENI	F		See Categories listed at the erhead/Rental Expe			eck if travel ou eck if Austin, T	tside of Texas. Com X, officeholder living		
	e <u>ONLY</u> if direct Ire to benefit C/OI		fficeholder name	Office	sought		Office he	eld	
Date 04/12/20)23	Payee name Amazon	e						
Amount (\$) \$14.00	Payee addr PO Box 81		State; Zip	Code				
ТУрг	- 05	Seattle, W	A 98108-1226						
TYPE EXPENI		Х	Political	Non-	Political				
PURF O EXPENI	F		See Categories listed at the erhead/Rental Expe			eck if travel ou eck if Austin, T	tside of Texas. Com 'X, officeholder living Dlitical office		
	e <u>ONLY</u> if direct Ire to benefit C/OF		fficeholder name	Office	sought		Office h	eld	

EXPENDITURI	ES MADE BY CREDIT	Γ CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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 F4: Sch: 4/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hon	norable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$ 3,042.66
5 Date 04/12/2023	6 Payee name Amazon		
7 Amount (\$) \$197.13	8 Payee address; City; PO Box 81226 Seattle, WA 98108-1226	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Office Overhead/Rental Exper	nSe Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense political office
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 02/27/2023	Payee name Central Market #61		
Amount (\$) \$154.77	Payee address; City; 1000 E 41 St	State; Zip Code	
	Austin, TX 78751		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense chairs' meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY	CREDIT C	ARD			SCHEDULE F4		
	Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense 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 F4: Sch: 5/79 Rpt:	2 FILER NAME Phelan, Matthew M	И. (The Honorab	le)		3 Filer ID 0006228	(Ethics Commission Filers)		
4	TOTAL OF UNITEMI		ES CHARGED	TO A CREI	DIT CARD	\$	3,042.66		
	Date 01/06/2023	6 Payee name Central Market #6				•			
7	Amount (\$) \$202.58	4001 N Lamar Blv		State; Zip Co	de				
9	TYPE OF EXPENDITURE	Austin, TX 78756	[Non-Polit	ical				
10	PURPOSE OF EXPENDITURE	(a) Category (See Catego Food/Beverage Ex		is schedule)	Check if Aust	el outside of Texas. (tin, TX, officeholder l r legislative re			
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	r name	Office sou	ght	Office	e held		
	Date 01/16/2023	Payee name Central Market #6	L						
	Amount (\$) \$93.06	Payee address; 4001 N. Lamar Blv		State; Zip Co	de				
	TYPE OF	Austin, TX 78756							
	EXPENDITURE	X Political		Non-Polit	ical				
	PURPOSE OF EXPENDITURE	(a) Category (See Catego Food/Beverage Ex		iis schedule)	Check if Aust	el outside of Texas. (tin, TX, officeholder l r legislative of			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholde	r name	Office sou	ght	Office	e held		

EXPENDITU	RES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Candidate/Officeholder/Pc	Event Expense Fees Food/Beverage Expense e By - Gift/Awards/Memorials Expe itical Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor 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 F Sch: 6/79 Rpt:	4: 2 FILER NAME Phelan, Matthew M. (The Hono	rable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITE	MIZED EXPENDITURES CHARGI	ED TO A CREDIT CARD	\$ 3,042.66
5 Date 01/28/2023	6 Payee name Central Market #61		·
7 Amount (\$) \$22.1		State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78756	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense legislative office
11 Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date 02/23/2023	Payee name Central Market #61		
Amount (\$) \$439.7	Payee address; City; 3 4001 N. Lamar Blvd	State; Zip Code	
	Austin, TX 78756		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ting supplies
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held

EXPENDITUR	ES MADE BY CREDI	T CARD	SCHEDULE F4			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit	Accounting/Banking Fees Office Overhead/Rental Expense					
1 Total pages Schedule F4 Sch: 7/79 Rpt:	: 2 FILER NAME Phelan, Matthew M. (The Ho	norable)	3 Filer ID (Ethics Commission Filers) 00062288			
⁴ TOTAL OF UNITEM	IIZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$ 3,042.66			
5 Date 03/02/2023	6 Payee name Central Market #61					
7 Amount (\$) \$257.28	8 Payee address; City; 4001 N. Lamar Blvd	State; Zip Code				
9 TYPE OF EXPENDITURE	Austin, TX 78756	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ting supplies			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name OH	Office sought	Office held			
Date 03/03/2023	Payee name Central Market #61					
Amount (\$) \$564.93	Payee address; City; 4001 N. Lamar Blvd	State; Zip Code				
	Austin, TX 78756					
TYPE OF EXPENDITURE	X Political	Non-Political				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ting supplies			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name OH	Office sought	Office held			

	EXPENDITURE	ES MADE E	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	F F I Committee L	EXPENDITURE CA vent Expense ees ood/Beverage Expense ift/Awards/Memorials Expense egal Services The Instruction Guide ex	Loan Rep Office Ov Polling Ex Se Printing E SalariesA	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 8/79 Rpt:		hew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ		TURES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66
5	Date 03/08/2023	6 Payee name Central Mark					
7	Amount (\$) \$14.67	8 Payee address 4001 N. Lam	ar Blvd	State; Zip Co	ode		
9	TYPE OF EXPENDITURE	Austin, TX 78	Ditical	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	Categories listed at the top o ge Expense	of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livir eting supplies	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ight	Office h	neld
	Date 03/08/2023	Payee name Central Mark	et #61				
	Amount (\$) \$140.04	Payee address 4001 N. Lam		State; Zip Co	ode		
L		Austin, TX 78	3756				
	TYPE OF EXPENDITURE	X P	olitical	Non-Pol	itical		
	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	Categories listed at the top o ge Expense	of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livir eting supplies	•
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office H	eholder name	Office sou	ight	Office h	neld

	EXPENDITURE	ES MADE BY CREDIT	CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbuu Office Overhead/Rental E: Polling Expense ense Printing Expense Salaries/Wages/Contract I explains how to complete this for	sement Solicitation/Fun kpense Transportation Travel in Distric Travel Out of D Labor OTHER (enter	
1	Total pages Schedule F4: Sch: 9/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hono	orable)	3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARI) \$	3,042.66
5	Date 03/10/2023	6 Payee name Central Market #61		·	
7	Amount (\$) \$173.87	 8 Payee address; City; 4001 N. Lamar Blvd 	State; Zip Code		
9	TYPE OF EXPENDITURE	Austin, TX 78756	Non-Political		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense		ion k if travel outside of Texas. Cor k if Austin, TX, officeholder livir ' meeting supplies	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	eld
	Date 03/16/2023	Payee name Central Market #61			
	Amount (\$) \$591.14	Payee address; City; 4001 N. Lamar Blvd	State; Zip Code		
	TYPE OF	Austin, TX 78756			
	EXPENDITURE	X Political	Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense		ion k if travel outside of Texas. Cor k if Austin, TX, officeholder livin ' meeting supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	eld

	EXPENDITURE	ES MADE BY CREDIT	CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		t Labor Solicitation/Fur Solicitation/Fur Transportation Travel in Distric Travel Out of D OTHER (enter		
1	Total pages Schedule F4: Sch: 10/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hond	orable)	3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CAR	RD \$	3,042.66
5	Date 03/17/2023	6 Payee name Central Market #61			
7	Amount (\$) \$6.98	8 Payee address; City; 4001 N. Lamar Blvd	State; Zip Code		
9	TYPE OF EXPENDITURE	Austin, TX 78756	Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense		otion eck if travel outside of Texas. Co eck if Austin, TX, officeholder livir s' meeting supplies	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate/Officeholder name H	Office sought	Office h	eld
	Date 03/23/2023	Payee name Central Market #61			
	Amount (\$) \$725.60	Payee address; City; 4001 N. Lamar Blvd	State; Zip Code		
L	TYPE OF	Austin, TX 78756			
L	EXPENDITURE	X Political	Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense		otion eck if travel outside of Texas. Cor eck if Austin, TX, officeholder livir 's' meeting supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	eld

	EXPENDITURE	ES MADE BY CREDIT	Γ CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		nent/Reimbursement ead/Rental Expense ise nse es/Contract Labor	Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F4: Sch: 11/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hon	norable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARC	GED TO A CREDI	T CARD	\$	3,042.66
5	Date 03/24/2023	6 Payee name Central Market #61				
7	Amount (\$) \$35.51	8 Payee address; City; 4001 N. Lamar Blvd	State; Zip Code			
9	TYPE OF EXPENDITURE	Austin, TX 78756	Non-Politica	al		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	op of this schedule) (b		outside of Texas. Com n, TX, officeholder living ing supplies	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office h	eld
	Date 04/02/2023	Payee name Central Market #61				
	Amount (\$) \$16.54	Payee address; City; 4001 N. Lamar Blvd	State; Zip Code			
L	TYPE OF	Austin, TX 78756				
L	EXPENDITURE	X Political	Non-Politica			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	op of this schedule) (b		outside of Texas. Com n, TX, officeholder living ing supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office h	eld

EXPENDITURI	ES MADE BY CREDI	T CARD			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	Office Overhe Polling Expen pense Printing Expe	ent/Reimbursement ad/Rental Expense se nse es/Contract Labor	Transportation E Travel in District Travel Out of Di	
1 Total pages Schedule F4: Sch: 12/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hor	norable)		3 Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	GED TO A CREDI	T CARD	\$	3,042.66
5 Date 04/12/2023	6 Payee name Central Market #61			1	
7 Amount (\$) \$300.28	8 Payee address; City; 4001 N. Lamar Blvd	State; Zip Code			
	Austin, TX 78756				
9 TYPE OF EXPENDITURE	X Political	Non-Politica	al		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	top of this schedule) (b	Check if Austin	l outside of Texas. Com n, TX, officeholder living nember receptic	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office h	eld
Date 05/29/2023	Payee name Chick-fil-A				
Amount (\$) \$113.39	Payee address; City; 503 W Martin Luther King Jr E	State; Zip Code 3lvd			
	Austin, TX 78701				
TYPE OF EXPENDITURE	X Political	Non-Politica	al		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	top of this schedule) (b	Check if Austin	l outside of Texas. Com n, TX, officeholder living gislative membe	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office h	eld

Forms provided by Texas Ethics Commission

EXPENDITURI	ES MADE BY CREDIT CARD	SCHEDULE F4				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense gift/Awards/Memorials Expense Printing Expense al Committee 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 Schedule F4: Sch: 13/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288				
⁴ TOTAL OF UNITEMI	MIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,042.66					
5 Date 05/29/2023	6 Payee name Chick-fil-A					
7 Amount (\$) \$220.83	 8 Payee address; City; State; Zip Code 503 W Martin Luther King Jr Blvd Austin, TX 78701 					
9 TYPE OF EXPENDITURE	X Political Non-Political					
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense slative member and family reception				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				
Date 04/13/2023	Payee name Crown & Anchor					
Amount (\$) \$468.25	Payee address; City; State; Zip Code 2911 San Jacinto Blvd Austin, TX 78705					
TYPE OF EXPENDITURE	X Political Non-Political					
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense members to discuss legislative issues				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				

	EXPENDITURE	ES MADE BY CRED	IT CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expens '- Gift/Awards/Memorials I Committee Legal Services	Se Office Over Polling Exp Expense Printing Exp	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Ļ	Sch: 14/79 Rpt:	Phelan, Matthew M. (The H	onorable)		00062288	
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAP	RGED TO A CREE	DIT CARD	\$	3,042.66
5	Date 05/24/2023	6 Payee name Cutter Aviation			•	
7	Amount (\$) \$690.00	 8 Payee address; City; 600 S Hangar Dr 	State; Zip Coo	le		
		Georgetown, TX 78628				
9	TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Travel Out of District	ne top of this schedule)	Check if Austin	l outside of Texas. Con n, TX, officeholder livin es for political ti	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	Office h	eld
	Date 04/05/2023	Payee name Dirty Martin's				
	Amount (\$) \$475.63	Payee address; City; 2808 Guadalupe St	State; Zip Coc	le		
L		Austin, TX 78705				
	TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Food/Beverage Expense	ne top of this schedule)	Check if Austin	l outside of Texas. Con n, TX, officeholder livin I members to di	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	Office h	eld

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	EXPENDITURE	ES MADE BY CREDIT	T CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	Office Ove Polling Ex pense Printing Ex Salaries/M	ayment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Transportation I Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 15/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hor	norable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARC	GED TO A CRE	DIT CARD	\$	3,042.66
5	Date 05/26/2023	6 Payee name Dirty Martin's			•	
7	Amount (\$) \$440.02	 8 Payee address; City; 2808 Guadalupe St Austin, TX 78705 	State; Zip Co	de		
9	TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	top of this schedule)	Check if Austin	outside of Texas. Con n, TX, officeholder livin g to discuss leg	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	eld
	Date 05/14/2023	Payee name Freytag's Florist				
	Amount (\$) \$198.91	Payee address; City; 2211 W Anderson Ln	State; Zip Co	de		
	TYPE OF EXPENDITURE	Austin, TX 78757	Non-Poli	tical		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Gift/Awards/Memorials Expen		Check if Austin	outside of Texas. Con n, TX, officeholder livin / flowers for lec	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ght	Office h	eld

Γ	EXPENDITUR	ES MADE BY CREDIT	CARD	_
				SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	TEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor xplains 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 F4: Sch: 16/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honor	able)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 3,042.66
5	Date 06/29/2023	6 Payee name Go Rentals		
7	Amount (\$) \$38.00	 8 Payee address; City; 8611 Lemmon Ave Dallas, TX 75209 	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Travel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or political staff for out of district
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 06/29/2023	Payee name Go Rentals		
	Amount (\$) \$350.00	Payee address; City; 8611 Lemmon Ave	State; Zip Code	
┝	TYPE OF EXPENDITURE	Dallas, TX 75209	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense or political staff for out of district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CRI	EDIT CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage E Gift/Awards/Mem I Committee Legal Services	xpense Pollin orials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 17/79 Rpt:	2 FILER NAME Phelan, Matthew M. (Th	e Honorable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDITURES C	HARGED TO A CI	REDIT CARD	\$	3,042.66
5	Date 01/06/2023	6 Payee name HEB #425				
7	Amount (\$) \$369.63	8 Payee address; City; 1000 E 41 St	State; Zip	Code		
9	TYPE OF EXPENDITURE	Austin, TX 78751 X Political	Non-f	Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Food/Beverage Expens		Check if Austi	l outside of Texas. Coi in, TX, officeholder livir legislative rece	ng expense
11	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nam H	e Office s	sought	Office h	neld
	Date 01/06/2023	Payee name HEB #425				
	Amount (\$) \$26.88	Payee address; City; 1000 E 41 St	State; Zip	Code		
┝	TYPE OF	Austin, TX 78751				
	EXPENDITURE	X Political		Political		
	OF	(a) Category (See Categories liste Food/Beverage Expens		Check if Austi	I outside of Texas. Coi in, TX, officeholder livir legislative rece	ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nam H	e Office s	sought	Office h	neld

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Transportation I Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 18/79 Rpt:		E tthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	ITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 01/06/2023	6 Payee name HEB #425					
7	Amount (\$) \$8.94	8 Payee addre	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin r legislative rece	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld
	Date 01/09/2023	Payee name HEB #425					
	Amount (\$) \$157.98	Payee addre 1000 E 41 S	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX			itiaal		
L	EXPENDITURE		Political	Non-Pol	1		
	OF		ee Categories listed at the top rage Expense	or this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin • legislative rece	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rej Office Ov Polling E Ise Printing E Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 19/79 Rpt:		tthew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPEND	ITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 01/11/2023	6 Payee name HEB #425					
7	Amount (\$) \$59.16	8 Payee addres 1000 E 41 S	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX 7	Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		ee Categories listed at the top age Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin plies for legislati	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office so	Lught	Office h	eld
	Date 01/11/2023	Payee name HEB #425					
	Amount (\$) \$79.54	Payee addres 1000 E 41 S	St	State; Zip C	ode		
┝	TYPE OF	Austin, TX 7					
	EXPENDITURE		Political	Non-Pol	1		
	PURPOSE OF EXPENDITURE		ee Categories listed at the top age Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office so	ught	Office h	eld

EXPEND	ITURES M	ADE BY CF	REDIT CA	RD			SCHEDULE F4
Advertising Expens Accounting/Bankin Consulting Expens Contributions/ Don Candidate/Office	g e	Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	e Expense emorials Expense	Loan Repaym Office Overhe Polling Expen Printing Expe Salaries/Wag	ent/Reimbursement ad/Rental Expense se nse es/Contract Labor	Transportatio Travel in Dist Travel Out of	
1 Total pages Sch Sch: 20/79 Rp		ER NAME elan, Matthew M. (⁻	The Honorable))		3 Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF U	JNITEMIZED E	XPENDITURES	CHARGED T	O A CREDI	T CARD	\$	3,042.66
5 Date 01/12/2023	HE	ree name B #425					
7 Amount (\$)	\$457.27 100	vee address; City 00 E 41 St stin, TX 78751	; Sta	te; Zip Code			
9 TYPE OF EXPENDITUR		X Political		Non-Politica	al		
10 PURPOSE OF EXPENDITUR	Eor	egory (See Categories li od/Beverage Exper		schedule) (b	Check if Aust	el outside of Texas. C tin, TX, officeholder liv plies for legisla	ing expense
11 Complete ONLY expenditure to b		lidate/Officeholder na	Ime	Office sough	t	Office	held
Date 01/13/2023	-	vee name B #425					
Amount (\$)	\$295.07 100	vee address; City 00 E 41 St	; Sta	te; Zip Code			
TYPE OF		stin, TX 78751		Non-Politica	al		
EXPENDITUR PURPOSE OF EXPENDITUR	(a) Cat	egory (See Categories li od/Beverage Exper		1	Description	el outside of Texas. C tin, TX, officeholder liv r legislative me	
Complete ONLY expenditure to b		lidate/Officeholder na	Ime	Office sough	t	Office	held

EXPENDITUR	SCHEDULE F4		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 21/79 Rpt:	Phelan, Matthew M. (The Hono	rable)	00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$ 3,042.66
5 Date	6 Payee name		
01/17/2023	HEB #425 8 Payee address; City;	State: Zip Code	
7 Amount (\$) \$76.39	8 Payee address; City; 1000 E 41 St	State, Zip Code	
	Austin, TX 78751		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense legislative reception
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 01/23/2023	Payee name HEB #425		
Amount (\$) \$4.98	Payee address; City; 1000 E 41 St	State; Zip Code	
	Austin, TX 78751		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense legislative member reception
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rep Office Ov Polling E Ise Printing E Salaries/	ayment/Reimbursemen erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
	Total pages Schedule F4: Sch: 22/79 Rpt:		IE atthew M. (The Honoi	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENI	DITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
	Date 01/25/2023	6 Payee name HEB #425				·	
7	Amount (\$) \$56.47	8 Payee addr 1000 E 41	St	State; Zip Co	ode		
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the top erage Expense	of this schedule)	Check if Aus	vel outside of Texas. Con stin, TX, officeholder livir r legislative staff	ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught	Office h	neld
	Date 01/25/2023	Payee name HEB #425					
	Amount (\$) \$164.54	Payee addr 1000 E 41		State; Zip Co	ode		
		Austin, TX					
	TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
	PURPOSE OF EXPENDITURE		See Categories listed at the top erage Expense	of this schedule)	Check if Aus	vel outside of Texas. Con stin, TX, officeholder livir for legislative off	ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught	Office h	neld

EXPENDITURI	EXPENDITURES MADE BY CREDIT CARD							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Exper y - Gift/Awards/Memorials al Committee Legal Services		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 F4: Sch: 23/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	Honorable)	3 Filer ID (Ethics Commission Filers) 00062288					
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$ 3,042.66					
5 Date 01/27/2023	6 Payee name HEB #425							
7 Amount (\$) \$211.83	8 Payee address; City; 1000 E 41 St	State; Zip Code						
9 TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense legislative member reception					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held					
Date 01/30/2023	Payee name HEB #425							
Amount (\$) \$420.67	Payee address; City; 1000 E 41 St	State; Zip Code						
	Austin, TX 78751							
TYPE OF EXPENDITURE	X Political	Non-Political						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Dr legislative office					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held					

EXPENDIT	JRES MADE BY CREE	DIT CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations I Candidate/Officeholde	Event Expense Fees Food/Beverage Exper lade By - Gift/Awards/Memorial: Political Committee Legal Services		
1 Total pages Schedul Sch: 24/79 Rpt:	F4: 2 FILER NAME Phelan, Matthew M. (The H	Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNIT	EMIZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$ 3,042.66
5 Date 02/06/2023	6 Payee name HEB #425		
7 Amount (\$) \$6	6.45 Payee address; City; 1000 E 41 St	State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense for legislative office
11 Complete <u>ONLY</u> if di expenditure to benef		Office sought	Office held
Date 02/08/2023	Payee name HEB #425		
Amount (\$) \$2	5.94 Payee address; City; 1000 E 41 St	State; Zip Code	
	Austin, TX 78751		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense for legislative office
Complete <u>ONLY</u> if di expenditure to benef	ect Candidate/Officeholder name C/OH	Office sought	Office held

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/ - I Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rep Office Ov Polling E: Se Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 25/79 Rpt:		thew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDI	TURES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66
5	Date 02/14/2023	6 Payee name HEB #425				1	
7	Amount (\$) \$10.26	8 Payee addres 1000 E 41 S	t	State; Zip Co	ode		
9	TYPE OF EXPENDITURE	Austin, TX 7	8751 Political	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE		e Categories listed at the top o age Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative offi	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	l Ight	Office h	eld
	Date 02/14/2023	Payee name HEB #425					
	Amount (\$) \$11.06	Payee addres 1000 E 41 S		State; Zip Co	ode		
╞	TYPE OF	Austin, TX 7					
L	EXPENDITURE		Political	Non-Pol			
	PURPOSE OF EXPENDITURE		e Categories listed at the top o age Expense	f this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office sou	ight	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/ - al Committee	EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rej Office Ov Polling E Printing B Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 26/79 Rpt:		E atthew M. (The Hond	orable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENI	DITURES CHARG	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 02/15/2023	6 Payee name HEB #425	9				
7	Amount (\$) \$104.22	8 Payee addre 1000 E 41 Austin, TX	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Xusun, TX	Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the top erage Expense	o of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livir for legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
	Date 02/15/2023	Payee name HEB #425	9				
	Amount (\$) \$443.51	Payee addro 1000 E 41	St	State; Zip C	ode		
┝	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Po			
	PURPOSE OF EXPENDITURE		See Categories listed at the top erage Expense	o of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livin r legislative mee	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld

EXPE	ENDITURE	ES MADE	BY CRED	IT CAR	D				SCHEDULE F4
Advertising Accounting Consulting Contributic Candida	g/Banking	/ - al Committee	EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials F Legal Services The Instruction Gu	e Expense	Loan Repayr Office Overh Polling Exper Printing Exper Salaries/Wag	nent/Reimbursemen ead/Rental Expense inse ense jes/Contract Labor	е Т Т Т	ransportation E ravel in District ravel Out of Dis	
1 Total pag Sch: 27/	es Schedule F4: 79 Rpt:		1E atthew M. (The Ho	onorable)			-	iler ID 0062288	(Ethics Commission Filers)
⁴ TOTAL	OF UNITEMI	ZED EXPENI	DITURES CHAF	RGED TO	A CRED	IT CARD	\$		3,042.66
5 Date 02/17/20)23	6 Payee name HEB #425							
7 Amount (\$) \$20.48	8 Payee addr 1000 E 41	St	State;	Zip Code	2			
9 TYPE EXPENI		Austin, TX	Political	1	Non-Politic	al			
10 PURF O EXPENI	F		See Categories listed at th erage Expense	e top of this sche	dule) (t		stin, TX, of	ficeholder living	
	e <u>ONLY</u> if direct ure to benefit C/O		fficeholder name	Of	ffice sough	it		Office he	eld
Date 02/20/20)23	Payee nam HEB #425							
Amount (\$) \$388.14	Payee addr 1000 E 41	St	State;	Zip Code	2			
ТҮРЕ	EOF	Austin, TX							
EXPENI	DITURE		Political		Non-Politic				
PURF O EXPENI	F		See Categories listed at th erage Expense	e top of this sche	dule) (K		stin, TX, of	ficeholder living	
	e <u>ONLY</u> if direct ure to benefit C/O		fficeholder name	Ot	ffice sough	t		Office he	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rej Office Ov Polling E ense Printing I Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 28/79 Rpt:		E atthew M. (The Hond	orable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENI	DITURES CHARG	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 02/21/2023	6 Payee name HEB #425				ł	
7	Amount (\$) \$124.64	8 Payee addr 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livir for legislative off	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
	Date 02/22/2023	Payee name HEB #425	e				
	Amount (\$) \$178.23	Payee addr 1000 E 41	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX			litical		
L	EXPENDITURE		Political	Non-Po			
	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	ES MADE		r card			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office O Polling E pense Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense cpense xpense Vages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 29/79 Rpt:		E atthew M. (The Hon	norable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENI	DITURES CHARC	GED TO A CRE	DIT CARD	\$	3,042.66
5	Date 02/23/2023	6 Payee name HEB #425	e				
7	Amount (\$) \$43.49	8 Payee addr 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10) PURPOSE OF EXPENDITURE		See Categories listed at the t erage Expense	op of this schedule)	Check if Aus	el outside of Texas. Con stin, TX, officeholder livir for legislative off	ng expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ıght	Office h	eld
	Date 02/24/2023	Payee name HEB #425	e				
	Amount (\$) \$16.40	Payee addr 1000 E 41	-	State; Zip C	ode		
L	TYPE OF	Austin, TX					
L	EXPENDITURE	×	Political	Non-Po			
	PURPOSE OF EXPENDITURE		See Categories listed at the t erage Expense	op of this schedule)	Check if Aus	rel outside of Texas. Con stin, TX, officeholder livir r chairs' meeting	ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ight	Office h	neld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exper Fees Food/Bevera - Gift/Awards/ Committee Legal Service	age Expense Memorials Expense	Loan Repayn Office Overha Polling Exper Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense ise inse es/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F4: Sch: 30/79 Rpt:	2 FILER NAME Phelan, Matthew M.	(The Honorable	e)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ED EXPENDITURES	CHARGED	FO A CRED	IT CARD	\$	3,042.66
5	Date 02/27/2023	6 Payee name HEB #425					
7	Amount (\$) \$56.35	8 Payee address; Ci 1000 E 41 St Austin, TX 78751	ty; St	ate; Zip Code)		
9	TYPE OF EXPENDITURE	X Political		Non-Politic	al		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Exp		s schedule) (k	Check if Austi	l outside of Texas. Com in, TX, officeholder living chairs' meeting	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name	Office sough	t	Office h	eld
	Date 03/01/2023	Payee name HEB #425					
	Amount (\$) \$106.15	1000 E 41 St	ty; St	ate; Zip Code	2		
╞	TYPE OF EXPENDITURE	Austin, TX 78751 X Political		Non-Politic	al		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Exp		s schedule) (k	Check if Austi	I outside of Texas. Com in, TX, officeholder living chairs' meeting	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name	Office sough	t	Office h	eld

	EXPENDITURE	ES MADE BY CRED	IT CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials E I Committee Legal Services		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 F4: Sch: 31/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Ho	pnorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAR	RGED TO A CREDIT CARD	\$ 3,042.66
5	Date 03/02/2023	6 Payee name HEB #425		
7	Amount (\$) \$330.52	 8 Payee address; City; 1000 E 41 St Austin, TX 78751 	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or legislative staff
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 03/03/2023	Payee name HEB #425		
	Amount (\$) \$51.27	Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip Code	
┢	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or legislative staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Loan Rej Office Ov Polling E Ise Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense kpense xpense Nages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 32/79 Rpt:		E utthew M. (The Honor	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPEND	DITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 03/08/2023	6 Payee name HEB #425					
7	Amount (\$) \$211.86	8 Payee addre 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		iee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin chairs' meeting	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ıght	Office h	eld
	Date 03/09/2023	Payee name HEB #425					
	Amount (\$) \$242.50	Payee addre 1000 E 41	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Pol			
	PURPOSE OF EXPENDITURE		iee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative sta	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld

	EXPENDITURE	SCHEDULE F4				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage - Gift/Awards/Mer Committee Legal Services	Expense Office Polling norials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 33/79 Rpt:	2 FILER NAME Phelan, Matthew M. (T	he Honorable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ED EXPENDITURES C	HARGED TO A CF	EDIT CARD	\$	3,042.66
5	Date 03/09/2023	6 Payee name HEB #425			ł	
7	Amount (\$) \$34.59	8 Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip	Code		
9	TYPE OF EXPENDITURE	X Political	Non-P	olitical		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories list Food/Beverage Expens		Check if Austi	l outside of Texas. Con in, TX, officeholder livin chairs' meeting	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne Office s	ought	Office h	eld
	Date 03/13/2023	Payee name HEB #425				
	Amount (\$) \$22.49	Payee address; City; 1000 E 41 St	State; Zip	Code		
L	TYPE OF	Austin, TX 78751				
L	EXPENDITURE	X Political	Non-P			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories list Food/Beverage Expens		Check if Austi	l outside of Texas. Con in, TX, officeholder livin chairs' meeting	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne Office s	ought	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo Legal Services The Instruction Guide	Loan Rey Office Ov Polling E ense Printing B Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 34/79 Rpt:		E atthew M. (The Hond	orable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARG	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 03/14/2023	6 Payee name HEB #425	2			I	
7	Amount (\$) \$103.32	8 Payee addre 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the to rage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livin r chairs' meeting	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught	Office h	eld
	Date 03/16/2023	Payee name HEB #425	;				
	Amount (\$) \$25.51	Payee addre 1000 E 41	St	State; Zip C	ode		
┝	TYPE OF	Austin, TX			itical		
L	EXPENDITURE		Political	Non-Pol	•		
	PURPOSE OF EXPENDITURE		See Categories listed at the to rage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	SCHEDULE F4						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/ - al Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rep Office Ov Polling E: se Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	t 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 F4: Sch: 35/79 Rpt:		thew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)	
4	TOTAL OF UNITEMIZ	ZED EXPENDI	TURES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66	
5	Date 03/17/2023	6 Payee name HEB #425						
7	Amount (\$) \$59.86	8 Payee addres 1000 E 41 S	it	State; Zip Co	ode			
9	TYPE OF EXPENDITURE	Austin, TX 7	8751 Political	Non-Pol	itical			
10	PURPOSE OF EXPENDITURE		e Categories listed at the top age Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin chairs' meeting	g expense	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	ceholder name	Office sou	ıght	Office h	eld	
	Date 03/20/2023	Payee name HEB #425						
	Amount (\$) \$18.31	Payee addres 1000 E 41 S	it	State; Zip Co	ode			
┝	TYPE OF	Austin, TX 7						
L	EXPENDITURE		Political	Non-Pol				
	PURPOSE OF EXPENDITURE		e Categories listed at the top age Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative offi	g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	ceholder name	Office sou	ight	Office h	eld	

	EXPENDITURE	SCHEDULE F4						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C/ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide of	Loan Rej Office Ov Polling E nse Printing B Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	t 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 F4: Sch: 36/79 Rpt:		E atthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)	
4	TOTAL OF UNITEMI	ZED EXPEND	DITURES CHARGE	ED TO A CRE	EDIT CARD	\$	3,042.66	
5	Date 03/21/2023	6 Payee name HEB #425	;					
7	Amount (\$) \$36.19	8 Payee addre	St	State; Zip C	ode			
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Po	litical			
10	PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative offi	g expense	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld	
	Date 03/22/2023	Payee name HEB #425	3					
	Amount (\$) \$89.68	Payee addre 1000 E 41	St	State; Zip C	ode			
L	TYPE OF	Austin, TX						
L	EXPENDITURE		Political	Non-Po				
	PURPOSE OF EXPENDITURE		See Categories listed at the top	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative offi	g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld	

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	F F Al Committee L	EXPENDITURE CA ees ood/Beverage Expense iftt/Awards/Memorials Expense egal Services The Instruction Guide e	Loan Rej Office Ov Polling E Se Printing I Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation I Travel in Distric Travel Out of Di			
1	Total pages Schedule F4: Sch: 37/79 Rpt:		hew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)		
4	TOTAL OF UNITEMIZ	ZED EXPENDI	TURES CHARGE	d to a cre	EDIT CARD	\$	3,042.66		
5	Date 03/30/2023	6 Payee name HEB #425							
7	Amount (\$) \$232.05	8 Payee address 1000 E 41 St Austin, TX 78	t	State; Zip C	ode				
9	TYPE OF EXPENDITURE	X P	olitical	Non-Po	litical				
10	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	e Categories listed at the top o ge Expense	of this schedule)	Check if Austi	l outside of Texas. Con n, TX, officeholder livin chairs' meeting	g expense		
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic H	eholder name	Office so	ught	Office h	eld		
	Date 03/31/2023	Payee name HEB #425							
	Amount (\$) \$148.41	Payee address 1000 E 41 Si		State; Zip C	ode				
	TYPE OF	Austin, TX 78							
L	EXPENDITURE		olitical	Non-Po					
	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	e Categories listed at the top o Ige Expense	f this schedule)	Check if Austi	l outside of Texas. Con n, TX, officeholder livin chairs' meeting	g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic H	eholder name	Office so	ught	Office h	eld		

	EXPENDITURE	SCHEDULE F4	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		t 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 F4: Sch: 38/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,042.66
5	Date 03/31/2023	6 Payee name HEB #425	
7	Amount (\$) \$10.62	8 Payee address; City; State; Zip Code 1000 E 41 St	
9	TYPE OF EXPENDITURE	Austin, TX 78751	
10	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense r chairs' meeting
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/02/2023	Payee name HEB #425	
	Amount (\$) \$123.93	Payee address; City; State; Zip Code 1000 E 41 St	
╞	TYPE OF	Austin, TX 78751	
	EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if trav Check if Aust Check if Aust	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense r chairs' meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rej Office Ov Polling E Ise Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense xpense xpense Vages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 39/79 Rpt:		E tthew M. (The Honor	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPEND	ITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 04/04/2023	6 Payee name HEB #425					
7	Amount (\$) \$230.78	8 Payee addre 1000 E 41 S Austin, TX	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE		Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin `or legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ight	Office h	eld
	Date 04/04/2023	Payee name HEB #425					
	Amount (\$) \$25.68	Payee addre 1000 E 41 S		State; Zip C	ode		
L	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Po			
	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ight	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C/ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide of	Loan Rej Office Ov Polling E Printing E Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 40/79 Rpt:		E tthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	ITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 04/05/2023	6 Payee name HEB #425					
7	Amount (\$) \$45.98	8 Payee addre 1000 E 41 S	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	of this schedule)	Check if Aus	el outside of Texas. Cor ttin, TX, officeholder livin for legislative off	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld
	Date 04/05/2023	Payee name HEB #425					
	Amount (\$) \$11.89	Payee addre 1000 E 41 S	St	State; Zip C	ode		
┝	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Pol	•		
	OF EXPENDITURE		ee Categories listed at the top rage Expense	or this schedule)	Check if Aus	el outside of Texas. Cor ttin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E: I Committee Legal Services		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 F4: Sch: 41/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Ho	norable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288					
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$ 3,042.66					
5	Date 04/10/2023	6 Payee name HEB #425		-					
7	Amount (\$) \$13.51	 8 Payee address; City; 1000 E 41 St Austin, TX 78751 	State; Zip Code						
9	TYPE OF EXPENDITURE	X Political	Non-Political						
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense or legislative office					
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held					
	Date 04/10/2023	Payee name HEB #425							
	Amount (\$) \$7.53	Payee address; City; 1000 E 41 St	State; Zip Code						
╞	TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense or legislative office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held					

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Loan Rej Office Ov Polling E Ise Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense kpense xpense Nages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 42/79 Rpt:		E utthew M. (The Honor	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPEND	DITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 04/11/2023	6 Payee name HEB #425					
7	Amount (\$) \$174.46	8 Payee addre	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		iee Categories listed at the top rage Expense	of this schedule)	Check if Aus	el outside of Texas. Con tin, TX, officeholder livin or legislative off i	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	l ıght	Office h	eld
	Date 04/13/2023	Payee name HEB #425					
	Amount (\$) \$26.46	Payee addre 1000 E 41	St	State; Zip C	ode		
┝	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Pol			
	OF EXPENDITURE		iee Categories listed at the top	or this schedule)	Check if Aus	el outside of Texas. Con tin, TX, officeholder livin or legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rej Office Ov Polling E Printing B Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 43/79 Rpt:		E atthew M. (The Hond	orable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENI	DITURES CHARG	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 04/17/2023	6 Payee name HEB #425					
7	Amount (\$) \$68.25	8 Payee addre 1000 E 41 Austin, TX	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Xusun, TX	Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the to prage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livin for legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
	Date 04/18/2023	Payee name HEB #425	9				
	Amount (\$) \$282.49	Payee addro 1000 E 41	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX			litical		
L	EXPENDITURE		Political	Non-Po			
	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	p of this schedule)	Check if Aus	rel outside of Texas. Cor stin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C. Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rey Office Ov Polling E nse Printing E Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 44/79 Rpt:		E atthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGI	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 04/20/2023	6 Payee name HEB #425	;				
7	Amount (\$) \$200.73	8 Payee addre 1000 E 41 Austin, TX	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE		Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	o of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livin for legislative off	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
	Date 04/26/2023	Payee name HEB #425	2				
	Amount (\$) \$114.97	Payee addre 1000 E 41	St	State; Zip C	ode		
L	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Po			
	PURPOSE OF EXPENDITURE		See Categories listed at the top	o of this schedule)	Check if Aus	el outside of Texas. Cor tin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Loan Rej Office Ov Polling E Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 45/79 Rpt:		E utthew M. (The Honor	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 04/27/2023	6 Payee name HEB #425					
7	Amount (\$) \$29.94	8 Payee addre	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		iee Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin FOR legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld
	Date 04/28/2023	Payee name HEB #425					
	Amount (\$) \$65.88	Payee addre 1000 E 41		State; Zip C	ode		
L	TYPE OF	Austin, TX					
L	EXPENDITURE		Political	Non-Pol			
	PURPOSE OF EXPENDITURE		iee Categories listed at the top	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld

	EXPENDITURE	ES MADE BY CREI	DIT CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expe / - Gift/Awards/Memoria I Committee Legal Services		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 F4: Sch: 46/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The	Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHA	ARGED TO A CREDIT CARD	\$ 3,042.66
5	Date 05/04/2023	6 Payee name HEB #425		·
7	Amount (\$) \$112.95	8 Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a Food/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense or legislative office
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 05/04/2023	Payee name HEB #425		
	Amount (\$) \$82.16	Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip Code	
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a Food/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense or legislative office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CRED	IT CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials E I Committee Legal Services		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 F4: Sch: 47/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Ho	pnorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAR	RGED TO A CREDIT CARD	\$ 3,042.66
5	Date 05/05/2023	6 Payee name HEB #425		
7	Amount (\$) \$63.74	 8 Payee address; City; 1000 E 41 St Austin, TX 78751 	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or legislative office
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 05/06/2023	Payee name HEB #425		
	Amount (\$) \$73.03	Payee address; City; 1000 E 41 St	State; Zip Code	
╞	TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense for legislative office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CRE	DIT CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Exp / - Gift/Awards/Memor Il Committee Legal Services		t 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 F4: Sch: 48/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The	e Honorable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
4	TOTAL OF UNITEMI	ZED EXPENDITURES CH	ARGED TO A CREDIT CARD	\$ 3,042.66
5	Date 05/10/2023	6 Payee name HEB #425		
7	Amount (\$) \$2.12	8 Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Food/Beverage Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense for legislative office
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
	Date 05/15/2023	Payee name HEB #425		
	Amount (\$) \$50.56	Payee address; City; 1000 E 41 St	State; Zip Code	
╞	TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Food/Beverage Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense for legislative office
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/-	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rep Office Ov Polling E se Printing E Salaries/	ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/Contract Labor	Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F4: Sch: 49/79 Rpt:		thew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	ITURES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66
5	Date 05/17/2023	6 Payee name HEB #425				I	
7	Amount (\$) \$263.04	8 Payee addres 1000 E 41 S	st	State; Zip Co	ode		
9	TYPE OF EXPENDITURE	Austin, TX 7	Political	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE		e Categories listed at the top age Expense	of this schedule)	Check if Austi	l outside of Texas. Com in, TX, officeholder living Dr legislative offi	g expense
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	ceholder name	Office sou	ıght	Office h	eld
	Date 05/22/2023	Payee name HEB #425					
	Amount (\$) \$14.74	Payee addres 1000 E 41 S	it	State; Zip Co	ode		
┝	TYPE OF	Austin, TX 7					
L	EXPENDITURE		Political	Non-Pol			
	PURPOSE OF EXPENDITURE		e Categories listed at the top age Expense	of this schedule)	Check if Austi	I outside of Texas. Com in, TX, officeholder living Dr legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	ceholder name	Office sou	ight	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide of	Loan Re Office Ov Polling E nse Printing B Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 50/79 Rpt:		E atthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 05/23/2023	6 Payee name HEB #425	•				
7	Amount (\$) \$28.10	8 Payee addre	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		see Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office so	ught	Office h	eld
	Date 05/24/2023	Payee name HEB #425					
	Amount (\$) \$103.41	Payee addre 1000 E 41	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX			itiaal		
L	EXPENDITURE		Political	Non-Po	1		
	PURPOSE OF EXPENDITURE		see Categories listed at the top	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ïceholder name	Office so	ught	Office h	eld

EXPENDITURI	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exper al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor 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 F4: Sch: 51/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hono	rable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$ 3,042.66
5 Date 05/25/2023	6 Payee name HEB #425		
7 Amount (\$) \$32.20	8 Payee address; City; 1000 E 41 St	State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sine Die legislative reception
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 05/25/2023	Payee name HEB #425		
Amount (\$) \$8.21	Payee address; City; 1000 E 41 St	State; Zip Code	
	Austin, TX 78751		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sine Die legislative reception
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURI	ES MADE BY CREDIT	T CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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 F4: Sch: 52/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hon	norable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$ 3,042.66
5 Date 05/25/2023	6 Payee name HEB #425		
7 Amount (\$) \$86.80	8 Payee address; City; 1000 E 41 St	State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Sine Die legislative reception
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 05/26/2023	Payee name HEB #425		
Amount (\$) \$153.74	Payee address; City; 1000 E 41 St	State; Zip Code	
	Austin, TX 78751		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Sine Die legislative reception
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Re Office Ov Polling E ense Printing E Salaries/	ayment/Reimbursemen erhead/Rental Expense xpense xpense Vages/Contract Labor	Transportation Travel in Distric Travel Out of D	
	Total pages Schedule F4: Sch: 53/79 Rpt:		IE atthew M. (The Hond	orable)		3 Filer ID 00062288	(Ethics Commission Filers)
4.	TOTAL OF UNITEMIZ	ZED EXPEN	DITURES CHARG	ED TO A CRE	DIT CARD	\$	3,042.66
	Date 05/27/2023	6 Payee nam HEB #425				1	
7	Amount (\$) \$434.51	8 Payee addr 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	p of this schedule)	Check if Aus	vel outside of Texas. Cor stin, TX, officeholder livir r Sine Die legisla	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office so	ıght	Office h	eld
	Date 05/28/2023	Payee nam HEB #425					
,	Amount (\$) \$116.05	Payee addr 1000 E 41		State; Zip C	ode		
		Austin, TX	78751				
	TYPE OF EXPENDITURE	X	Political	Non-Pol			
	PURPOSE OF EXPENDITURE		See Categories listed at the to erage Expense	p of this schedule)	Check if Aus	vel outside of Texas. Cor stin, TX, officeholder livir for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office so	ıght	Office h	eld

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice		EXPENDITURE C/ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide of	Loan Rej Office Ov Polling E nse Printing B Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 54/79 Rpt:		E atthew M. (The Hono	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARGE	ED TO A CRE	EDIT CARD	\$	3,042.66
5	Date 05/30/2023	6 Payee name HEB #425	;				
7	Amount (\$) \$17.94	8 Payee addre 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	litical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin or legislative offi	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld
	Date 06/14/2023	Payee name HEB #425	3				
	Amount (\$) \$278.87	Payee addre 1000 E 41	St	State; Zip C	ode		
L	TYPE OF	Austin, TX			1.4		
L	EXPENDITURE		Political	Non-Po	1		
	PURPOSE OF EXPENDITURE		See Categories listed at the top	of this schedule)	Check if Aust	el outside of Texas. Con tin, TX, officeholder livin or legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	SCHEDULE F4		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expens Committee Legal Services	TEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense e Printing Expense Salaries/Wages/Contract Labor splains 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 F4: Sch: 55/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honora	able)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 3,042.66
5	Date 06/14/2023	6 Payee name HEB #425		
7	Amount (\$) \$64.56	8 Payee address; City; 1000 E 41 St Austin, TX 78751	State; Zip Code	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Food/Beverage Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense or legislative office
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	Date 06/18/2023	Payee name HEB #425		
	Amount (\$) \$20.71	Payee address; City; 1000 E 41 St	State; Zip Code	
╞	TYPE OF	Austin, TX 78751	Non-Political	
	EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Food/Beverage Expense	f this schedule) (b) Description Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense legislative office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held

	EXPENDITURE	SCHEDULE F4					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rey Office Ov Polling E nse Printing E Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation I Travel in Distric Travel Out of D	
1	Total pages Schedule F4: Sch: 56/79 Rpt:		E atthew M. (The Honc	rable)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPEND	DITURES CHARG	ED TO A CRE	DIT CARD	\$	3,042.66
5	Date 06/22/2023	6 Payee name HEB #425	2				
7	Amount (\$) \$78.53	8 Payee addre 1000 E 41	St	State; Zip C	ode		
9	TYPE OF EXPENDITURE	Austin, TX	78751 Political	Non-Po	itical		
10	PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	o of this schedule)	Check if Aus	el outside of Texas. Con tin, TX, officeholder livin for legislative off	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught	Office h	eld
	Date 06/27/2023	Payee name HEB #425	2				
	Amount (\$) \$302.81	Payee addre 1000 E 41	St	State; Zip C	ode		
╞	TYPE OF	Austin, TX			ini o o l		
L	EXPENDITURE		Political	Non-Pol	•		
	PURPOSE OF EXPENDITURE		See Categories listed at the top rage Expense	o of this schedule)	Check if Aus	el outside of Texas. Con tin, TX, officeholder livin for legislative off	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught	Office h	eld

	EXPENDITURE	ES MADE	BY CREDIT	CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/ - Committee L	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Sift/Awards/Memorials Expen Legal Services The Instruction Guide e	Loan Rep Office Ov Polling E se Printing E Salaries/	oayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Transportation E Travel in Distric Travel Out of Di	
1	Total pages Schedule F4: Sch: 57/79 Rpt:		thew M. (The Honor	able)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDI	TURES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66
5	Date 06/27/2023	6 Payee name HEB #425					
7	Amount (\$) \$192.48	8 Payee addres 1000 E 41 S	t	State; Zip Co	ode		
9	TYPE OF EXPENDITURE	Austin, TX 7	8751 Political	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE	(a) Category (Sea Food/Bevera	e Categories listed at the top age Expense	of this schedule)	Check if Aust	el outside of Texas. Con in, TX, officeholder livin legislative office	g expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	ught	Office h	eld
	Date 06/28/2023	Payee name HEB #425					
	Amount (\$) \$133.40	Payee addres 1000 E 41 S	t	State; Zip Co	ode		
╞	TYPE OF	Austin, TX 7	8751 volitical	Non-Pol	itical		
	EXPENDITURE PURPOSE OF EXPENDITURE		e Categories listed at the top		(b) Description	el outside of Texas. Con tin, TX, officeholder livin or legislative offi	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	ught	Office h	eld

EXPENDITURE	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials Expense I Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor 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 F4: Sch: 58/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hono	rable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$ 3,042.66
5 Date 06/28/2023	6 Payee name HEB #425		
7 Amount (\$) \$50.33	8 Payee address; City; 1000 E 41 St	State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78751	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or legislative office
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 05/09/2023	Payee name Home Slice		
Amount (\$) \$297.25	Payee address; City; 1415 S Congress Ave	State; Zip Code	
TYPE OF	Austin, TX 78704		
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Ig to discuss legislative issues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY C	REDIT CA	RD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expen Fees Food/Bevera - Gift/Awards/t I Committee Legal Service	ge Expense Memorials Expense	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	nt/Reimbursement d/Rental Expense e se s/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F4: Sch: 59/79 Rpt:	2 FILER NAME Phelan, Matthew M.	(The Honorable)			3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMI	ZED EXPENDITURES	CHARGED TO	D A CREDI	CARD	\$	3,042.66
5	Date 01/08/2023	6 Payee name III Forks					
7	Amount (\$) \$335.38	8 Payee address; Cit 111 Lavaca St Austin, TX 78701	y; Stat	e; Zip Code			
9	TYPE OF EXPENDITURE	X Political		Non-Politica			
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Expe		chedule) (b)	Check if Austi	l outside of Texas. Com in, TX, officeholder living n members to dis	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder n H	ame	Office sought		Office he	eld
	Date 03/15/2023	Payee name III Forks					
	Amount (\$) \$20.00	Payee address; Cit 111 Lavaca St	y; Stat	e; Zip Code			
┝	TYPE OF	Austin, TX 78701		Nen Delitico			
L	EXPENDITURE	X Political		Non-Politica			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories Fees	listed at the top of this so	chedule) (D)	Check if Austi	I outside of Texas. Com in, TX, officeholder living DOlitical event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder n H	ame	Office sought		Office he	eld

	EXPENDITURE	ES MADE BY		CARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Fees Food/ - Gift/A I Committee Legal	XPENDITURE CA Expense Beverage Expense wards/Memorials Expens Services	Loan Rep Office Ove Polling Ex Se Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor	Transportatior Travel in Distri Travel Out of I	
1	Total pages Schedule F4: Sch: 60/79 Rpt:	2 FILER NAME	Instruction Guide ex w M. (The Honora		mpiete tris form.	3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITU	RES CHARGE	D TO A CRE	DIT CARD	\$	3,042.66
5	Date 01/25/2023	6 Payee name JW Marriot Aust	tin			1	
7	Amount (\$) \$225.72	8 Payee address; 110 E 2nd St	City;	State; Zip Co	de		
9	TYPE OF EXPENDITURE	Austin, TX 7870		Non-Poli	tical		
10) PURPOSE OF EXPENDITURE	(a) Category (See Cat Food/Beverage		f this schedule)	Check if Austi	el outside of Texas. Co in, TX, officeholder livi n members to c	
11	L Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho H	lder name	Office sou	ght	Office	held
	Date 02/15/2023	Payee name JW Marriot Aust	tin				
	Amount (\$) \$86.45	Payee address; 110 E 2nd St	City;	State; Zip Co	de		
╞	TYPE OF	Austin, TX 7870					
	EXPENDITURE	X Politi	cal	Non-Poli			
	PURPOSE OF EXPENDITURE	(a) Category (See Cat Food/Beverage		f this schedule)	Check if Austi	el outside of Texas. Co in, TX, officeholder livi n members to c	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeho	lder name	Office sou	ght	Office	held

Forms provided by Texas Ethics Commission

EXPENDITURI	ES MADE BY CREDIT CARD			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice	Fees Office Ove Food/Beverage Expense Polling Ex - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F4:	2 FILER NAME	:	3 Filer ID	(Ethics Commission Filers)
Sch: 61/79 Rpt:	Phelan, Matthew M. (The Honorable)		00062288	
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CRE	DIT CARD	\$	3,042.66
5 Date	6 Payee name			
03/06/2023	JW Marriot Austin 8 Payee address; City; State; Zip Co			
7 Amount (\$) \$223.19	8 Payee address; City; State; Zip Co 110 E 2nd St	ue		
	Austin, TX 78701			
9 TYPE OF EXPENDITURE	X Political Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin,	utside of Texas. Comp TX, officeholder living Nembers to dis	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office he	ld
Date 05/24/2023	Payee name Jefferson County Airport			
Amount (\$) \$1,150.00	Payee address; City; State; Zip Co 5000 Jerry Ware Dr	de		
	Beaumont, TX 77705			
TYPE OF EXPENDITURE	X Political Non-Poli	tical		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		utside of Texas. Comp TX, officeholder living S for political tra	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office he	ld

_							
	EXPENDITURE	ES MADE BY CI	REDIT C	ARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expens Fees Food/Beverag - Gift/Awards/M I Committee Legal Service	e Expense emorials Expense s	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense	Transporta Travel in D Travel Out	
1	Total pages Schedule F4: Sch: 62/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorab	le)		3 Filer ID 000622	(Ethics Commission Filers) 88
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES	CHARGED	TO A CREI	DIT CARD	\$	3,042.66
5	Date 06/21/2023	6 Payee name JetSuite					
7	Amount (\$) \$796.00	8 Payee address; City 1341 W Mockingbird Dallas, TX 75247		tate; Zip Coo	le		
9	TYPE OF EXPENDITURE	X Political	[Non-Polit	cal		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories Travel Out of District	isted at the top of th	is schedule)		n, TX, officeholder	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na	ame	Office soug	jht	Offic	ce held
	Date 04/17/2023	Payee name Lamberts					
	Amount (\$) \$677.13	Payee address; City 401 2nd W St	r; S	tate; Zip Coo	le		
┝	TYPE OF	Austin, TX 78701	Г	Non-Polit	ical		
	EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories Food/Beverage Expe			(b) Description Check if travel Check if Austir	n, TX, officeholder	Complete Schedule T. living expense O discuss legislative issues
F	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na	ame	Office souç	Jht	Offic	ce held

EXPENDITUR	ES MADE BY CRED	IT CARD			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials B ical Committee Legal Services	e Polling Exp Expense Printing Exp	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor	Transportation Travel in Distric Travel Out of D	
1 Total pages Schedule F4 Sch: 63/79 Rpt:	: 2 FILER NAME Phelan, Matthew M. (The Ho	onorable)		3 Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF UNITEM	IIZED EXPENDITURES CHAF	RGED TO A CREE	DIT CARD	\$	3,042.66
5 Date 05/03/2023	6 Payee name Maudie's Cafe			-	
7 Amount (\$) \$51.62	 8 Payee address; City; 2608 W 7th St Austin, TX 78703 	State; Zip Coo	le		
9 TYPE OF EXPENDITURE	X Political	Non-Politi	cal		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Food/Beverage Expense	e top of this schedule)	Check if Austir	l outside of Texas. Cor n, TX, officeholder livin I members to d	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name OH	Office soug	ht	Office h	eld
Date 05/03/2023	Payee name Maudie's Cafe				
Amount (\$) \$310.99		State; Zip Coo	le		
TYPE OF EXPENDITURE	Austin, TX 78703	Non-Politi	cal		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th Food/Beverage Expense	e top of this schedule)	Check if Austir	l outside of Texas. Cor n, TX, officeholder livin I members to d	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name OH	Office soug	ht	Office h	eld

Forms provided by Texas Ethics Commission

	EXPENDITURE	ES MADE BY (ARD			SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement Id/Rental Expense e se s/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F4: Sch: 64/79 Rpt:	2 FILER NAME Phelan, Matthew M	. (The Honorable	e)		3 Filer ID 00062288	(Ethics Commission Filers)
4	TOTAL OF UNITEMIZ	ZED EXPENDITURE	S CHARGED 1	O A CREDI	r card	\$	3,042.66
5	Date 01/26/2023	6 Payee name Million Air Austin				1	
7	Amount (\$) \$999.60	4801 Emma Brown		ate; Zip Code			
9	TYPE OF EXPENDITURE	Austin, TX 78719 X Political		Non-Politica	l		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categori Travel Out of Distri		schedule) (b)	Check if Austir	outside of Texas. Com n, TX, officeholder living es for political tr	expense
11	L Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name	Office sought		Office h	eld
	Date 02/07/2023	Payee name Posse East					
	Amount (\$) \$226.27	Payee address; 0 2900 Duval St	City; Sta	ate; Zip Code			
		Austin, TX 78705					
	TYPE OF EXPENDITURE	X Political		Non-Politica			
	PURPOSE OF EXPENDITURE	(a) Category (See Categori Food/Beverage Ex		schedule) (b)	Check if Austir	outside of Texas. Com n, TX, officeholder living members to di	
F	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name	Office sought		Office h	eld

EXPENDITUR	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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 F4: Sch: 65/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hone	orable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	GED TO A CREDIT CARD	\$ 3,042.66
5 Date 01/19/2023	6 Payee name QI Austin		
7 Amount (\$) \$251.09	8 Payee address; City; 835 W 6th St Unit 114 Austin, TX 78703	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense g to discuss legislative issues
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 03/03/2023	Payee name QI Austin		
Amount (\$) \$155.18	Payee address; City; 835 W 6th St Unit 114	State; Zip Code	
TYPE OF	Austin, TX 78703	Non-Political	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense	op of this schedule) (b) Description	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense g to discuss legislative issues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURI	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expe al Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor 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 F4: Sch: 66/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hono	rable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGI	ED TO A CREDIT CARD	\$ 3,042.66
5 Date 01/06/2023	6 Payee name Quorum Report		
7 Amount (\$) \$389.70	8 Payee address; City; 8407 S 1st St	State; Zip Code	
9 TYPE OF EXPENDITURE	Austin, TX 78748	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rental Expens	Se Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense n for political purposes
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 04/29/2023	Payee name Ready Refresh		
Amount (\$) \$1,023.43	Payee address; City; PO Box 856680	State; Zip Code	
	Louisville, KY 40285-6680		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rental Expens	Se Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ce for legislative office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURI	ES MADE BY CREDI	T CARD			001155 F A
					SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	Office Ove Polling Exp opense Printing Exp	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1 Total pages Schedule F4: Sch: 67/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hor	norable)	<u>.</u>	3 Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREI	DIT CARD	\$	3,042.66
5 Date 05/19/2023	6 Payee name Ready Refresh			1	
7 Amount (\$) \$654.29	8 Payee address; City; PO Box 856680	State; Zip Co	le		
9 TYPE OF EXPENDITURE	Louisville, KY 40285-6680	Non-Polit	cal		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Expe		Check if Austi	l outside of Texas. Con n, TX, officeholder livin ce for legislative	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	Jht	Office h	eld
Date 06/21/2023	Payee name Ready Refresh				
Amount (\$) \$654.29	Payee address; City; PO Box 856680	State; Zip Co	le		
TYPE OF	Louisville, KY 40285-6680				
EXPENDITURE	X Political	Non-Polit			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Expe		Check if Austi	I outside of Texas. Con n, TX, officeholder livin :e for legislative	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	Jht	Office h	eld

EXPENDITURI	ES MADE BY CREDIT	r card	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo e explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 68/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hon	orable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	GED TO A CREDIT CARD	\$ 3,042.66
5 Date 05/08/2023	6 Payee name Shoal Creek Saloon		•
7 Amount (\$) \$380.98	8 Payee address; City; 909 N Lamar Blvd Austin, TX 78703	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense	Check if t	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense with members to discuss legislative issues
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 03/02/2023	Payee name SimpliSafe Inc		
Amount (\$) \$30.30	Payee address; City; 100 Summer St Ste 300	State; Zip Code	
TYPE OF	Boston, MA 02110-2151	Non-Political	
EXPENDITURE PURPOSE OF EXPENDITURE	X Political (a) Category (See Categories listed at the to Office Overhead/Rental Exper	op of this schedule) (b) Description	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense n office security service
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

Γ	EXPENDITUR	S MADE BY CRED	IT CARD	
				SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expens - Gift/Awards/Memorials Committee Legal Services		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 F4: Sch: 69/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	onorable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
4	TOTAL OF UNITEMIZ	ED EXPENDITURES CHAP	RGED TO A CREDIT CARD	\$ 3,042.66
5	Date 03/26/2023	6 Payee name SimpliSafe Inc		·
7	Amount (\$) \$30.30	8 Payee address; City; 100 Summer St Ste 300	State; Zip Code	
9	TYPE OF EXPENDITURE	Boston, MA 02110-2151	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Exp	Dense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense ffice security service
11	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	Date 03/26/2023	Payee name SimpliSafe Inc		
	Amount (\$) \$30.30	Payee address; City; 100 Summer St Ste 300	State; Zip Code	
		Boston, MA 02110-2151		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Exp	Dense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense ffice security service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held

EXPENDITUR	ES MADE BY CREDIT CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 70/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,042.66
5 Date 04/26/2023	6 Payee name SimpliSafe Inc	
7 Amount (\$) \$30.30	8 Payee address; City; State; Zip Code 100 Summer St Ste 300	
9 TYPE OF EXPENDITURE	Boston, MA 02110-2151 X Political Non-Political	
10 PURPOSE OF EXPENDITURE		on If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense gn office security service
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held
Date 04/26/2023	Payee name SimpliSafe Inc	
Amount (\$) \$30.30	Payee address; City; State; Zip Code 100 Summer St Ste 300	
TYPE OF	Boston, MA 02110-2151	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio Office Overhead/Rental Expense	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense gn office security service
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought H	Office held

	EXPENDITUR	S MADE BY CRED	IT CARD	
				SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expens - Gift/Awards/Memorials Committee Legal Services		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 F4: Sch: 71/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	onorable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ED EXPENDITURES CHAP	RGED TO A CREDIT CARD	\$ 3,042.66
	Date 05/26/2023	6 Payee name SimpliSafe Inc		·
7	Amount (\$) \$30.30	8 Payee address; City; 100 Summer St Ste 300	State; Zip Code	
9	TYPE OF EXPENDITURE	Boston, MA 02110-2151	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Exp	Dense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Dffice security service
11	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	Date 05/26/2023	Payee name SimpliSafe Inc		
	Amount (\$) \$30.30	Payee address; City; 100 Summer St Ste 300	State; Zip Code	
		Boston, MA 02110-2151		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Office Overhead/Rental Exp	Dense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Dffice security service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held

Γ	EXPENDITUR	S MADE BY CRED	DIT CARD	
				SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Exper - Gift/Awards/Memorials Committee Legal Services		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 F4: Sch: 72/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The H	Honorable)	3 Filer ID (Ethics Commission Filers) 00062288 00062288
4	TOTAL OF UNITEMIZ	ED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$ 3,042.66
5	Date 06/26/2023	6 Payee name SimpliSafe Inc		
7	Amount (\$) \$30.30	8 Payee address; City; 100 Summer St Ste 300	State; Zip Code	
9	TYPE OF EXPENDITURE	Boston, MA 02110-2151	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Ex	cpense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense ffice security service
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	Date 06/26/2023	Payee name SimpliSafe Inc		
	Amount (\$) \$30.30	Payee address; City; 100 Summer St Ste 300	State; Zip Code	
		Boston, MA 02110-2151		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Ex	cpense	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense ffice security service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held

EXPENDITUR	RES MADE BY CREDIT CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Pol		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 F Sch: 73/79 Rpt:	4: 2 FILER NAME Phelan, Matthew M. (The Honorable) 3	Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO A CREDIT CARD	3,042.66
5 Date 01/09/2023	6 Payee name Spectrum	
7 Amount (\$) \$246.5	 8 Payee address; City; State; Zip Code 400 Atlantic St Stamford, CT 06901 	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense Dr campaign office
11 Complete ONLY if direct expenditure to benefit C		Office held
Date 02/09/2023	Payee name Spectrum	
Amount (\$) \$246.5	Payee address; City; State; Zip Code 7 400 Atlantic St	
	Stamford, CT 06901	
TYPE OF EXPENDITURE	X Political Non-Political	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense Dr campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C		Office held

EXPENDITURI	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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 F4: Sch: 74/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hond	orable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$ 3,042.66
5 Date 03/09/2023	6 Payee name Spectrum		
7 Amount (\$) \$250.30	8 Payee address; City; 400 Atlantic St Stamford, CT 06901	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Office Overhead/Rental Expen	Se Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense •t for campaign office
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 04/09/2023	Payee name Spectrum		
Amount (\$) \$302.07	Payee address; City; 400 Atlantic St	State; Zip Code	
TYPE OF	Stamford, CT 06901		
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Office Overhead/Rental Expen	Se Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense et for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITUR	ES MADE BY CREDIT	T CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e 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 F4: Sch: 75/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Hor	norable)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CREDIT CARD	\$ 3,042.66
5 Date 05/09/2023	6 Payee name Spectrum		
7 Amount (\$) \$302.07	8 Payee address; City; 400 Atlantic St Stamford, CT 06901	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Office Overhead/Rental Expen	nse Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense et for campaign office
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held
Date 06/09/2023	Payee name Spectrum		
Amount (\$) \$302.07	Payee address; City; 400 Atlantic St	State; Zip Code	
TYPE OF	Stamford, CT 06901		
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Office Overhead/Rental Expen	nse Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense et for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CREDIT	CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	ATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 76/79 Rpt:	Phelan, Matthew M. (The Hono	orable)	00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$ 3,042.66
5	Date 01/05/2023	6 Payee name		
-	Amount (\$)	TVEyes Inc 8 Payee address; City;	State; Zip Code	
ľ	\$4,000.00	1150 Post Rd	State, Zip Code	
		Fairfield, CT 06824		
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense cal advertising services
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
	Date 02/24/2023	Payee name Taco Joint		
	Amount (\$) \$197.74	Payee address; City; 134 E Riverside Dr	State; Zip Code	
		Austin, TX 78704		
	TYPE OF EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Gov staff breakfast meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

	EXPENDITURE	ES MADE BY CREDI	T CARD	SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E I Committee Legal Services		nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 77/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Ho	norable)	3 Filer ID (Ethics Commission Filers) 00062288
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$ 3,042.66
5	Date 01/09/2023	6 Payee name Twin Liquors		
7	Amount (\$) \$259.75	8 Payee address; City; 1600 Lavaca St	State; Zip Code	
9	TYPE OF EXPENDITURE	Austin, TX 78701	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if tra	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Or political reception
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
	Date 04/12/2023	Payee name Twin Liquors		
	Amount (\$) \$120.79	Payee address; City; 1600 Lavaca St	State; Zip Code	
┝	TYPE OF	Austin, TX 78701		
L	EXPENDITURE	X Political	Non-Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if tra	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Dr political reception
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

EXPENDITUR	ES MADE BY CREDIT C	CARD			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic		Loan Repaymeni Office Overhead/ Polling Expense Printing Expense Salaries/Wages/	/Reimbursement Rental Expense Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F4: Sch: 78/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honoral	ble)	3	Filer ID 00062288	(Ethics Commission Filers)
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED	TO A CREDIT	CARD \$		3,042.66
5 Date 04/21/2023	6 Payee name Twin Liquors				
7 Amount (\$) \$105.19	 8 Payee address; City; 1600 Lavaca St Austin, TX 78701 	State; Zip Code			
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Expense			side of Texas. Comp 4, officeholder living itical receptic	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name H	Office sought		Office he	ld
Date 01/30/2023	Payee name University of Texas Center for Pro	ofessional Develop	oment		
Amount (\$) \$399.00	Payee address; City; 1616 Guadalupe St Austin, TX 78701	State; Zip Code			
TYPE OF EXPENDITURE	X Political	Non-Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees		Description Check if travel outs Check if Austin, TX Professional tra	, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name H	Office sought		Office he	ld

EXPENDITURE	ES MADE BY CREDIT (CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials Expens Il Committee Legal Services	TEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense e Printing Expense Salaries/Wages/Contract Labor splains 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 F4: Sch: 79/79 Rpt:	2 FILER NAME Phelan, Matthew M. (The Honora	able)	3 Filer ID (Ethics Commission Filers) 00062288
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 3,042.66
5 Date 06/28/2023	6 Payee name Warwick Melrose Hotel		
7 Amount (\$) \$322.46	8 Payee address; City; 3015 Oak Lawn Ave Dallas, TX 75219	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Travel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense tical staff for out of district fundraiser
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 06/28/2023	Payee name Warwick Melrose Hotel		
Amount (\$) \$369.23	Payee address; City; 3015 Oak Lawn Ave	State; Zip Code	
TYPE OF	Dallas, TX 75219	Non-Political	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Travel Out of District	f this schedule) (b) Description Check if travel Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense of district fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held