CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00042130		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Donna S.			Date Received ELECTRONICA	
	NIOZNAJE			OUEEN	07/17/2023	
		LAST Howard		SUFFIX	01/11/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 5375				Receipt #	Amount
Change of Address	Austin, TX 78763					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	-IRST		MI	<u>-</u> _	
TREASURER NAME	Ms.	Donna				
	NICKNAME I	 _AST		SUFFIX		
	ŀ	Howard				
6 CAMPAIGN	STREET ADDRESS (NO PO B	ROX PLEASE).	ΔΡ	Γ / SUITE #; CITY	/; STA	TE; ZIP CODE
TREASURER ADDRESS	P.O. Box 5375	OXTELAGE),	Al	17 JOHE #, CHT	1, 317	TIE, ZII CODE
(Residence or Business)	Austin, TX 78763					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (737) 231-0062	NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (offic	npaign treasurer eholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year Year	
COVERED	01/01/2023	TH	ROUGH	06/30/20	023	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	IT (if known)	
	State Representative Distric	ct 48		State Represer	ntative District 48	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 61

13 C / OH NAME	Howard, Donna S. (T	he Honorable)	14 Filer ID (E 00042130	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 551.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 45,405.70
CONTRIBUTION BALANCE	REPORTING PE			\$ 150,065.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Donna S. Howa	rd
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 61						
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Howard, Donna S. (The Honorable)00042130						
20 SCHEDUL NAME OF	SUBTOT	AL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	551.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	45,405.70			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/61		
2	FILER NAME Howard, Doi	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 06/19/2023	 Full name of contributor out-of-state PAC (ID#:_Bylo Chacon, Jessica Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1.00
•	Dringinal occu	Berkeley, CA 94704 upation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not Employe		None None	15)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 KPW PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Delicational account	Austin, TX 78768				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID#:_ Pattillo, Amy (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Rollingwood, TX 78746 spation / Job title (See Instructions)	Employer (See Instructions	ns)		
	COO		AvecMode LLC			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/57 Rpt: 5/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
_	03/02/2023	Amazon
6	Amount (\$) \$86.56	7 Payee address; City; State; Zip Code 410 Terry Ave N
	φου.50	420 Telly Ave IV
		Seatle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/02/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.18	410 Terry Ave N
		Sootle WA 00100
	DUDDOGE	Seatle, WA 98109
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/21/2023	Austin City Hall Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	301 W 2nd St,
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/57 Rpt: 6/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/25/2023	Blue Action Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$250.00	9532 Colebrook St.
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
Ļ	Operation ONLY if allowed	One district Office helds
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
	06/16/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphic Design Subscription
		Graphic Design Subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	05/15/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Crophic Decign Subscription
		Graphic Design Subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	•	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/57 Rpt: 7/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/17/2023	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		☐ Check if Austin, TX, officeholder living expense Graphic Design Subscription
		Graphic Design Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	03/15/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Craphia Daging Subaggintian
		Graphic Design Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 02/15/2023	Payee name
		Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Graphic Design Subscription
		Graphic Design Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/57 Rpt: 8/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/17/2023	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Graphic Design Subscription
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	<u>'</u>
	Date	Payee name
	01/11/2023	Central Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.15	4477 S Lamar Blvd
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Groceries for Capitol Office
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/12/2023	Colibri Est. 1928
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.95	237 West 37th Street
		10th floor
		New York, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Session Committee Gift
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter	a category not listed above)	
		The Instruction Guide explains how to complete this form				
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)	,
	Sch: 5/57 Rpt: 9/61	Howard, Donna S. (The Honorable)		00042130		
4	Date	5 Payee name				
	06/12/2023	Dallas Morning News				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$23.40	1954 Commerce St				
		Dallas, TX 75201				
_	DUDDOCE					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overthead (Ponted Typespa)		tside of Texas. Cor	onlete Schedule T	
	EXPENDITURE	Onice overneda/Nerital Expense		X, officeholder livin		
		Newspar	oer Su	bscription		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/OI	1				
	Date	Payee name				_
	05/12/2023	Dallas Morning News				
	Amount (\$)					
	\$23.40	Payee address; City; State; Zip Code 1954 Commerce St				
	φ23.40	1934 Confinence St				
		Dallas, TX 75201				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Onice Overnedd/Nerital Expense		tside of Texas. Cor X, officeholder livin		
				bscription	g expense	
		πουσραγ	oci ou	boomption		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	expenditure to benefit C/OI			Office II	Cid	
	Data					_
	Date	Payee name				
	04/12/2023	Dallas Morning News				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.40	1954 Commerce St				
		Dallas, TX 75201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n			
	OF EXPENDITURE			tside of Texas. Cor		
				X, officeholder livin	g expense	
		Newspar	Jei Sü	bscription		
	0 1: 0			·		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eia	
		•				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	Ŭ	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/57 Rpt: 10/61	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		•
	03/13/2023	Dallas Morning News		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$23.40	1954 Commerce St		
		Dallas, TX 75201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Newspaper Subscription
_	0 1 0 0 1 1 1 1			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	02/13/2023	Dallas Morning News		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$23.40	1954 Commerce St		
		Dallas, TX 75201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Newspaper Subscription
				Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/OI		9	Since near
	Date	Payee name		
	01/12/2023	Dallas Morning News		
		-	do	
	Amount (\$) \$23.40	Payee address; City; State; Zip Coo 1954 Commerce St	ue	
	Φ23.40	1934 Commerce St		
		Dallag TV 75201		
		Dallas, TX 75201		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/57 Rpt: 11/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/13/2023	GNI Consulting LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	P.O. Box 685008
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Finance Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/10/2023	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$283.99	1000 W Lynn St,
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Capitol Office Staff
		1 ood for Supilor Stati
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 06/09/2023	Payee name Gannet Co, Inc.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.63	7950 Jones Branch Drive
L		McLean, VA 22107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		ινεννομαμεί Ομιοσιήμιστι
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ting Expense Travel In

ting Expense Travel O

tries/Wages/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/57 Rpt: 12/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/10/2023	Gannet Co, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.63	7950 Jones Branch Drive
		McLean, VA 22107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		πονοραρεί σαροστιριστί
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Т	Date	Payee name
	04/10/2023	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.63	7950 Jones Branch Drive
		McLean, VA 22107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/09/2023	Gannet Co, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.63	7950 Jones Branch Drive
		McLean, VA 22107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/57 Rpt: 13/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	02/09/2023	Gannet Co, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.63	7950 Jones Branch Drive	
		McLean, VA 22107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Newspaper Subscription
			Newspaper Subscription
_	Commission ONII V if alice at	Condidate/Officeholder name	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office neid
	·		
	Date	Payee name	
	01/11/2023	Gannet Co, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.63	7950 Jones Branch Drive	
		McLean, VA 22107	
	PURPOSE OF	, (************************************	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Newspaper Subscription
			Totopapa: Cascatipus:
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Cindo ficia
	D-t-		
	Date	Payee name	
	03/20/2023	Google LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.31	1600 Amphitheatre Pkwy.	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Workspace Email Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to benefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Salaries/V	Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
			The Instruction Guide exp	olains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAMI	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/57 Rpt: 14/61	Howard, Do	onna S. (The Honorabl	e)				00042130		
4	Date	5 Payee name	!							
	05/30/2023	H-E-B Groo	cery Company, LLC							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de					
	\$166.54	8100 Came	eron Rd Bldg A Suite 2	00						
		Austin, TX	78754							
8	PURPOSE				(h)	D				
°	OF		See Categories listed at the top of	this schedule)	(D)	Description Check if travel	outei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Food/Beve	rage Expense					officeholder living	•	
						Groceries for			•	
								•		
9	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	ı aht			Office he	eld	
	expenditure to benefit C/O				5					
\vdash	Date	Dayce nem								
		Payee name								
	05/30/2023		cery Company, LLC							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$108.85	8100 Came	eron Rd Bldg A Suite 2	00						
		Austin, TX	78754							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	l .	rage Expense					de of Texas. Com		
	LXI LINDITORL					ш		officeholder living	expense	
						Groceries for	Ca	ipitol Office		
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ght			Office he	eld	
		-								
	Date	Payee name								
	05/12/2023	H-E-B Groo	cery Company, LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$264.58	8100 Came	eron Rd Bldg A Suite 2	00						
		Austin, TX	78754							
	PURPOSE		See Categories listed at the top of	this sohod: (s)	(h)	Description				
	OF		rage Expense	inis scriedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	1 000,2000	rago Exponeo			Check if Austin	, TX,	officeholder living	expense	
						Groceries for	Ca	pitol Office		
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 11/57 Rpt: 15/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
L	04/05/2023	H-E-B Grocery Company, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$239.89	8100 Cameron Rd Bldg A Suite 200	
L		Austin, TX 78754	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Ī
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Groceries for Capitol Office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
L	04/03/2023	H-E-B Grocery Company, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.72	8100 Cameron Rd Bldg A Suite 200	
L		Austin, TX 78754	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Groceries	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	01/10/2023	H-E-B Grocery Company, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$130.95	8100 Cameron Rd Bldg A Suite 200	
		Austin, TX 78754	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Groceries for Capitol Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/57 Rpt: 16/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/15/2023	Hamilton Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.95	1001 14th St NW
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder Logding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.06	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/02/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.07	10019 S Interstate 35 Frontage Rd.
	40.10.	
		Austin, TX 78747
	PURPOSE	Tu.
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	,	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/57 Rpt: 17/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/04/2023	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.07	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Water for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to benefit eyer	
	Date	Payee name
	03/02/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
_	PURPOSE	
	OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.81	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Water for Capitol Office
	Commisto ONUVIII	Condidate/Officeholder page
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/57 Rpt: 18/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/03/2023	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.82	10019 S Interstate 35 Frontage Rd.
		Austin, TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for Capitol Office
		Water for Suprior Smoo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/27/2023	Hilton Hotels, LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$5.41	1617 N Interstate Hwy 35
	Ф5.41	1017 N Illerstate Hwy 55
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking Fee
		T and ing 1 co
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/21/2023	Hoang, Catherine
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,220.00	2408 Leon St #312
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 15/57 Rpt: 19/61	Howard, Donna S. (The Honorable) 00042130			
4	Date	5 Payee name			
	03/03/2023	Hoang, Catherine			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,220.00	2408 Leon St #312			
		Austin, TX 78705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense Staff Pay			
		Starr dy			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	Date	Payee name			
	01/30/2023	Hoang, Catherine			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,220.00	2408 Leon St #312			
		Austin, TX 78705			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor			
		Staff Pay			
		Gian'r dy			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					
	Date	Payee name			
	06/27/2023	Houston Chronicle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.96	4747 Southwest Fwy			
		Houston, TX 77027			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		Newspaper Subscription			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experialitie to perient e/Orr				

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this for	m.			
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Fil	ers)
	Sch: 16/57 Rpt: 20/61	Howard, Donna S. (The Honorable)			00042130		
4	Date	5 Payee name		<u> </u>			
	06/08/2023	Houston Chronicle					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$19.96	4747 Southwest Fwy					
		Houston, TX 77027					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	on			
	OF EXPENDITURE	Office Overhead/Rental Expense			e of Texas. Com	plete Schedule T.	
	EXPENDITURE	·			fficeholder living	expense	
			Newspa	per Subs	cription		
_	0 1: 0.11.7.7.1.				0.00		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld	
	·						
	Date	Payee name					
	05/30/2023	Houston Chronicle					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.96	4747 Southwest Fwy					
		Houston, TX 77027					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	on			
	OF EXPENDITURE	Office Overhead/Rental Expense				plete Schedule T.	
			_	aper Subs	fficeholder living	rexpense	
			Horropa	tpo. Gubo.	onpaon		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	3					
	Date	Payee name					
	05/11/2023	Houston Chronicle					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.96	4747 Southwest Fwy					
	410.00	n n codanicot ny					
		Houston, TX 77027					
	DUDDOOF						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check in		e of Texas, Com	plete Schedule T.	
	EXPENDITURE	Office Overflead/Refital Experise			fficeholder living		
			Newspa	per Subs	cription		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	1					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 17/57 Rpt: 21/61	Howard, Donna S. (The Honorable) 00042130				
4	Date	5 Payee name				
	05/02/2023	Houston Chronicle				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$19.96	4747 Southwest Fwy				
		Houston, TX 77027				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Newspaper Subscription				
		Νενισμαμεί Βαριστήμιστί				
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	04/13/2023	Houston Chronicle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.96	4747 Southwest Fwy				
		Houston, TX 77027				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Newspaper Subscription				
		Newspaper Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	_					
	Date	Payee name				
	04/04/2023	Houston Chronicle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.96	4747 Southwest Fwy				
		Houston, TX 77027				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		Newspaper Subscription				
_	Operation Objects "	Orandidate (Office health a grants				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experiunare to perionic O/O/1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/57 Rpt: 22/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/17/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	03/07/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		Νενισμαμεί Βαριστήμιστι
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/16/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		ινενισμαμεί σαιμοτήμιση
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/57 Rpt: 23/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/19/2023	Houston Chronicle
6	Amount (\$) \$19.96	7 Payee address; City; State; Zip Code 4747 Southwest Fwy
	,	
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		Tromopaper Gusestipiton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OF	
H	Date	Payee name
	04/11/2023	JPMorgan Chase & Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	270 Park Ave.
	\$20.00	270 Faik Ave.
		New York, NY 10172
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	y
	Date	Payee name
	03/03/2023	JPMorgan Chase & Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.95	270 Park Ave.
		270 Park Ave.
	\$19.95 PURPOSE	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) (b) Description
	\$19.95	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	\$19.95 PURPOSE OF	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) (b) Description
	\$19.95 PURPOSE OF	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$19.95 PURPOSE OF	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$19.95 PURPOSE OF EXPENDITURE	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held
	\$19.95 PURPOSE OF EXPENDITURE Complete ONLY if direct	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held
	\$19.95 PURPOSE OF EXPENDITURE Complete ONLY if direct	270 Park Ave. New York, NY 10172 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 20/57 Rpt: 24/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	03/03/2023	JPMorgan Chase & Co.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.95	270 Park Ave.	
		New York, NY 10172	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	7 tooodinang/Banking	k if travel outside of Texas. Complete Schedule T.
		│	k if Austin, TX, officeholder living expense
		Banki	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		
_	Date	Payee name	
	02/03/2023	JPMorgan Chase & Co.	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.95	270 Park Ave.	
	410.00	270 Talk Two	
		New York, NY 10172	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Descriptions Checken	DTION :k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ Accounting/Banking	k if Austin, TX, officeholder living expense
		Bank F	Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	02/03/2023	JPMorgan Chase & Co.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.95	270 Park Ave.	
		New York, NY 10172	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Accounting/Banking Chec	k if travel outside of Texas. Complete Schedule T.
		│	ck if Austin, TX, officeholder living expense
		Balk	-66
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	•	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 21/57 Rpt: 25/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
l	01/03/2023	JPMorgan Chase & Co.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$29.95	270 Park Ave.	
l			
l		New York, NY 10172	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Bank Fee
l			Bally Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
ľ	expenditure to benefit C/OI		Cince neu
H	Date	Payee name	
l	01/03/2023	JPMorgan Chase & Co.	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$168.95	270 Park Ave.	
l	Ψ100.33	2101 dik Ave.	
l		Now York NV 10172	
L	2112222	New York, NY 10172	
l	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
l			Bank Fee
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L	experialitire to benefit C/OI	'	
l	Date	Payee name	
	04/28/2023	JPMorgan Chase & Co.	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$112.50	270 Park Ave.	
l			
l		New York, NY 10172	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Bank Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee Le	ft/Awards/Memorials Expenses	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
L	·		he Instruction Guide	explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:						ı	Filer ID	(Ethics Commission Filers)
	Sch: 22/57 Rpt: 26/61		na S. (The Honora	able)				00042130	
4	Date	Payee name							
L	01/27/2023	League of Wo	men Voters						
6	Amount (\$)	Payee address	City;	State; Zip Co	ode				
	\$500.00	3908 Avenue	В						
		Austin, TX 78	751						
8	PURPOSE	a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		Donations Made				outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		iceholder/Politica			_	ı, TX,	officeholder living	g expense
						Donation			
L									
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ught			Office he	eld
L	expenditure to benefit C/OI								
	Date	Payee name							
	03/24/2023	Local Foods							
	Amount (\$)	Payee address	City;	State; Zip Co	ode				
	\$46.80	454 W 2nd St							
		Austin, TX 78	701						
	PURPOSE	a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beveraç							plete Schedule T.
						—		officeholder living	
						Food for Cap	JILOI	Onice Statt	
_	Operation ONE V. C. F.	0	L - L-L	0"				0‴ :	-1.4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	noider name	Office sou	ught			Office he	eia
	Date	Payee name							
L	06/30/2023	Lopez-Resen	dez, Samantha						
	Amount (\$)	Payee address	City;	State; Zip Co	ode				
	\$925.00	12833 Wither	s Way						
		Austin, TX 78	727						
	PURPOSE	a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	•	es/Contract Labor	•					plete Schedule T.
	TAI LIADITORE					ш	ı, TX,	officeholder living	gexpense
						Staff Pay			
					<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name	Office sou	ught			Office he	eld
	expenditure to beliefft C/Of								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/57 Rpt: 27/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/31/2023	Lopez-Resendez, Samantha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	12833 Withers Way
		Austin, TX 78727
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Stair i dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/31/2023	Lopez-Resendez, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$925.00	12833 Withers Way
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Stair by
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2023	Lopez-Resendez, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$925.00	12833 Withers Way
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	-,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
	Sch: 24/57 Rpt: 28/61		
4	Date	5 Payee name	
	04/20/2023	Lopez-Resendez, Samantha	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		Austin, TX 78727	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Staff Pay	
		Stall Fay	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O	o	
-	Date	Payee name	
	03/27/2023	Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00		
	Ψ320.00	12000 William Way	
		Austin, TX 78727	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Pay	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/22/2023	Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		Austin, TX 78727	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

4. Task name Orbertals 54. D. Ell ED NAME	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
Sch: 25/57 Rpt: 29/61 Howard, Donna S. (The Honorable) 00042130	
4 Date 5 Payee name	
01/30/2023 Lopez-Resendez, Samantha	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$925.00 12833 Withers Way	
Austin, TX 78727	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Calculation NA/A was a (Operation at Leabner) Category (See Categories listed at the top of this schedule)	
EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	؛ T. ∣
Staff Pay	
Jan 1 ay	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
06/20/2023 Lyft, Inc	
Amount (\$) Payee address; City; State; Zip Code	
\$32.16 185 Berry St #5000	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxas Complete Schedule	
EXPENDITURE Transportation Equipment & Related	; Т.
Expense Check if Austin, TX, officeholder living expense Officeholder Transportation	
Officeriolider Transportation	
Complete ONLY if direct Candidate/Officeholder name Office sought Office hold	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
expenditure to benefit C/OH Date Payee name	
Date Payee name 06/16/2023 Lyft, Inc	
expenditure to benefit C/OH Date Payee name 06/16/2023 Lyft, Inc Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 06/16/2023 Lyft, Inc	
expenditure to benefit C/OH Date Payee name 06/16/2023 Lyft, Inc Amount (\$) Payee address; City; State; Zip Code	
expenditure to benefit C/OH Date Payee name 06/16/2023 Lyft, Inc Amount (\$) Payee address; City; State; Zip Code	
expenditure to benefit C/OH Date 06/16/2023	
Date O6/16/2023 Payee name Lyft, Inc Amount (\$) Payee address; City; State; Zip Code \$16.97 \$16.97 PURPOSE OF Transportation Equipment & Related Payee name Lyft, Inc Payee address; City; State; Zip Code State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule) Check if travel outside of Texas. Complete Schedule	: Т.
Date 06/16/2023 Lyft, Inc Amount (\$) Payee address; City; State; Zip Code \$16.97 Payee address; City; State; Zip Code \$16.97 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	: Т.
Date 06/16/2023 Amount (\$) Payee address; City; State; Zip Code \$16.97 Payee address; City; State; Zip Code \$16.97 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule	; T.
Date 06/16/2023 Amount (\$) Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Officeholder Transportation	• T.
Date 06/16/2023 Payee name Lyft, Inc Amount (\$) Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Officeholder Transportation Complete ONLY if direct Candidate/Officeholder name Office sought Office held	? T.
Date 06/16/2023 Amount (\$) Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Officeholder Transportation	÷T.
Date 06/16/2023 Payee name Lyft, Inc Amount (\$) Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Officeholder Transportation Complete ONLY if direct Candidate/Officeholder name Office sought Office held	₹T.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/57 Rpt: 30/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/15/2023	Lyft, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.40	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense Officeholder Transportation
		Cincondida Hanoportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	06/12/2023	Lyft, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.64	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Cinceriolael Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/15/2023	Lyft, Inc
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.93	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related
		Expense La Check if Austin, TX, officeholder living expense Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Lyft, Inc 6 Amount (\$) 7 Payee address; City; State; Zip Code \$68.10 \$185 Berry St #5000 San Francisco, CA 94107 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder		Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
Date	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Lyft, Inc Famount (S) 7 Payce address: City: State: Zip Code S68.10 S68.10 San Francisco, CA 94107 San Francisco, Candidate/Officeholder name		Sch: 27/57 Rpt: 31/61	Howard, Donna S. (The Honorable)		00042130
Lyft, Inc Famount (S) 7 Payce address: City: State: Zip Code S68.10 S68.10 San Francisco, CA 94107 San Francisco, Candidate/Officeholder name	4	Date	5 Payee name		•
\$68.10 185 Berry St #5000 San Francisco, CA 94107 See Categories Isted at the top of this schedule Check if audit in, TX, officeholder inving expense Check if audit in, TX, officeho		05/09/2023			
San Francisco, CA 94107 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Transportation Equipment & Related Expense Transportation for Office Sought Office holder 9 Complete ONLY if direct expenditure to benefit CIOH Date OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Transportation for Office holder Payee address; City; State; Zip Code \$75.76 (a) Category (see Categories listed at the top of this schedule) Office Sought Office Subscription Complete ONLY if direct expenditure to benefit CIOH Date OF EXPENDITURE Payee name Office Sought Office Sought Office Sought Office Subscription Complete ONLY if direct expenditure to benefit CIOH Date O2/23/2023 Payee name Palmer Event Center Parking Amount (8) Payee address; City; State; Zip Code \$10.00 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Subscription (b) Description Office held (c) Description Office held (d) Description Office held (e) Description Office held (d) Description Office held Complete ONLY if direct Oxide Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide oxide of Texas. Complete Schedule T. Categories Instend at the top of this schedule) Oxide oxide of Texas. Complete Schedule T. Categories Instended oxide oxide of Texas. Complete Schedule T. Categories Instended oxide oxide oxide of Texas. Complete Schedule T. Categories Instended oxide oxide oxide oxide oxide oxide oxid	6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
R PURPOSE OF EXPENDITURE		\$68.10	185 Berry St #5000		
R PURPOSE OF EXPENDITURE					
Transportation Equipment & Related			San Francisco, CA 94107		
Transportation Equipment & Related	8	PURPOSE	(a) Category (See Categories listed at the top of this sehedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH	_	OF		'	
9 Complete ONLY if direct expenditure to benefit C/OH Date		EXPENDITURE			
Date 05/15/2023 Amount (\$) Payee address; City; State; Zip Code 10900-II Stonelake Blvd Suite 225 Austin, TX 78759 PURPOSE OF EXPENDITURE Candidate/Office Overhead//Rental Expense Candidate/Office older name Office sought Office Subscription Complete ONLY if direct expenditure to benefit C/OH Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code Office Subscription Office Subscription Office Subscription Date 02/23/2023 Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description (c) Description Check if Austin, TX 78704 (b) Description Check if Austin, TX 78704 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Transportation for Officeholder
Date					
Date 05/15/2023 Amount (\$) Payee address; City; State; Zip Code 10900-II Stonelake Blvd Suite 225 Austin, TX 78759 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH Date 02/23/2023 Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 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 Insulation To the led Category (See Categories listed at the top of this schedule) Complete QNLY if direct OF EXPENDITURE Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held	9			ught	Office held
Amount (\$) Payee address; City; State; Zip Code		experialiture to beliefit C/OI	'		
Amount (\$) Payee address; City; State; Zip Code \$75.76 10900-II Stonelake Blvd Suite 225 Austin, TX 78759 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Microsoft Office Subscription Complete QNLY if direct expenditure to benefit C/OH Date 02/23/2023 Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Parking Fee Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name		
### ST5.76 ### Austin, TX 78759 PURPOSE OF EXPENDITURE		05/15/2023	Microsoft Corporation		
Austin, TX 78759 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 Microsoft Office Subscription Complete ONLY if direct expenditure to benefit C/OH Date O2/23/2023 Amount (\$) Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip C	ode	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if varied outside of Texas. Complete Schedule T.		\$75.76	10900-II Stonelake Blvd Suite 225		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T.					
Office Overhead/Rental Expense Office Subscription Complete ONLY if direct expenditure to benefit C/OH Date O2/23/2023 Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code \$10.00 \$10.00 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Austin, TX 78759		
Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Check if avaisin, TX, officeholder living expense Microsoft Office Subscription Complete ONLY if direct expenditure to benefit C/OH Date 02/23/2023 Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if avaisin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code \$10.00 \$10					
Complete ONLY if direct expenditure to benefit C/OH Date		_/			
Date 02/23/2023 Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held					Microsoft Office Subscription
Date 02/23/2023 Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held
D2/23/2023 Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held				agrit	Cilide Held
D2/23/2023 Palmer Event Center Parking Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Data	Doving name		
Amount (\$) Payee address; City; State; Zip Code 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			•		
\$10.00 736-820 Barton Springs Rd Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			-	- al a	
Austin, TX 78704 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held				oue	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$10.00	730-620 Baiton Spilligs Ru		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			A*: TV 70704		
Fees Complete ONLY if direct Candidate/Officeholder name Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
EXPENDITURE Fees Check if Austin, TX, officeholder living expense Parking Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held				(b)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Fees		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
		Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/57 Rpt: 32/61 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 06/01/2023 Pavemint, LLC 6 Amount (\$) Payee address; State; Zip Code \$50.00 6685 Hollywood Blvd, Los Angeles, CA 90028 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2023 Pearl Fincher Museum of Fine Arts Amount (\$) Payee address; City; State; Zip Code \$250.00 6815 Cypresswood Dr Spring, TX 77379 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2023 Perkins, Megan Amount (\$) Payee address: City: State; Zip Code \$200.00 1712 Woodward St., Apt. 111 Austin, TX 78741 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Pay Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/57 Rpt: 33/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/03/2023	Perkins, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
		Stan Fay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	03/06/2023	Perkins, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	02/01/2023	Payee name Perkins, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
		Stati i ay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/57 Rpt: 34/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/05/2023	Perkins
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/21/2023	Planned Parenthood Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7424 Greenville Ave # 206
		Dallas, TX 75231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/01/2023	Q2 Stadium
H	Amount (\$)	Payee address; City; State; Zip Code
	\$243.51	1835-a Kramer Ln Ste 600
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Team Tickets for Austin FC game
		Stail Tealli Hickets for Austill PC game
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

O1/27/2023 Quirk, Molly 7 Payee address; City; State; Zip Code \$287.50 \$287.50 \$287.50 \$287.50 Austin, TX 78748 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Photo	Sch: 31/57 Rpt: 35/61 4 Date 5 01/27/2023 6 Amount (\$) 7	Howard, Donna S. (The Honorable)		
4 Date O1/27/2023 5 Payee name Quirk, Molly 6 Amount (\$)	4 Date 5 01/27/2023 6 Amount (\$) 7	<u> </u>		00042130
O1/27/2023 Quirk, Molly 7 Payee address; City; State; Zip Code S287.50 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Photo Date O1/19/2023 Amount (\$) Payee name O1/19/2023 Quorum Report Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code Physical Report 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 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	01/27/2023 6 Amount (\$) 7	Payee name		
Samount (\$) Fayee address; City; State; Zip Code	6 Amount (\$) 7			•
\$287.50 501 Hacienda Dr Austin, TX 78748 8	* *	Quirk, Molly		
Austin, TX 78748 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Photo Office sought Date O1/19/2023 Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Payee address; City; State; Zip Co	de	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Photo Office held Date O1/19/2023 Amount (\$) Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code \$389.70 P.O. Box 8 Austin, TX 78767 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	\$287.50	501 Hacienda Dr		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Photo Office held Date O1/19/2023 Amount (\$) Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE Consulting Expense Check if travel outside of Texas. Complete Schedule T. Consulting Check if Austin, TX, officeholder living expense		Austin, TX 78748		
Payee name Ol/19/2023 Amount (\$) Payee address; City; State; Zip Code \$389.70 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Office outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, T.X. officeholder living expense	8 PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b) [Description
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/19/2023 Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Sought Office sought Office held Office sought Office held Office overhead Office sought Office sought Office held Office hel	OF			Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/19/2023 Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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 Laustin, TX, officeholder living expense	LAFENDITORE		اِ ا	
Date 01/19/2023 Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 PURPOSE OF EXPENDITURE Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 (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			,	Stair Photo
Date 01/19/2023 Payee name Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 PURPOSE OF EXPENDITURE Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 (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	O Committee ONIII V if discret	Out distance (Office helders are as of the control		Office held
O1/19/2023 Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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		Candidate/Officenoider name Office sou	gnt	Office neid
O1/19/2023 Quorum Report Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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	· 			
Amount (\$) Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 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				
\$389.70 P.O. Box 8 Austin, TX 78767 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				
Austin, TX 78767 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			de	
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	\$389.70	P.O. Box 8		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Austin, TX 78767		
EXPENDITURE Office Overnead/Rental Expense Check if Austin, TX, officeholder living expense	1.	a) Category (See Categories listed at the top of this schedule)	(b) [
	I	Office Overhead/Rental Expense		
1 None Caponipain			L	
			•	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office sour	ght	Office held
expenditure to benefit C/OH			5	
Date Payee name	Date	Payee name		
05/22/2023 Ralph, Kimberlee		-		
Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	·	nde	
\$2,300.00 1013 Tiffany Ln	· · ·	•	·uo	
4_,555.05	42,000.00			
Georgetown, TX 78628		Georgetown TX 78628		
Georgetown, 1X 70020	DUDDOCE /c	<u> </u>	/b\ -	
PURPOSE (A) Communication (A)	OF	, , ,	(D) [
	EXPENDITURE	Salaries/ wages/Corntact Labor	Ė	Check if Austin, TX, officeholder living expense
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			5	Staff Pay
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate/Officeholder name Office sou	ght	Office held
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expenditure to benefit C/OH			
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay				
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay Complete ONLY if direct Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/57 Rpt: 36/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/03/2023	Ralph, Kimberlee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,300.00	1013 Tiffany Ln
		Georgetown, TX 78628
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	04/04/2023	Ralph, Kimberlee
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	1013 Tiffany Ln
	Ψ2,000.00	Total many En
		Georgetown, TX 78628
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Pay
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	Davies same
	Date 03/06/2023	Payee name Ralph, Kimberlee
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	1013 Tiffany Ln
		Georgetown, TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.	a category not listed above)
: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Howard, Donna S. (The Honorable) 00042130	
5 Payee name	
Ralph, Kimberlee	
7 Payee address; City; State; Zip Code	
1013 Tiffany Ln	
Georgetown, TX 78628	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Galaries, Wages, Corni act Labor	
	j expense
Starr dy	
Candidate/Officeholder name Office sought Office h	old
OH Candidate/Oniceholder name Onice sought Onice in	eiu
Payee name	
Randalls	
Payee address; City; State; Zip Code	
2025 W Ben White Blvd	
Austin, TX 78704	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
1 000/Deverage Expense	
	J expense
Growing for Supress Sines	
Condidate/Officeholder name Office sought Office h	ald
OH Candidate/Oniceholder name Onice sought Onice in	BIU
Payee name	
Sam's Club	
Payee address; City; State; Zip Code	
2101 SE Simple Savings Dr	
Bentonville, AR 72712	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
Onice Overhead/Nental Expense	
,	j expense
Office Groceries	
Candidate/Officeholder name Office sought Office he	eld
Candidate/Officeholder name Office sought Office ho	eld
	eld
) 0	The Instruction Guide explains how to complete this form. 2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID 00042130 5 Payee name Ralph, Kimberlee 7 Payee address; City; State; Zip Code 1013 Tiffany Ln Georgetown, TX 78628 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office he Payee name Randalls Payee address; City; State; Zip Code 2025 W Ben White Blvd Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Office he Payee name Sam's Club Payee name Sam's Club Payee name Sam's Club Payee address; City; State; Zip Code 2011 SE Simple Savings Dr Bentonville, AR 72712 (a) Category (See Categories listed at the top of this schedule) (b) Description Office he Payee address; City; State; Zip Code 2011 SE Simple Savings Dr Bentonville, AR 72712

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 34/57 Rpt: 38/61	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	01/10/2023	Sam's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$215.42	2101 SE Simple Savings Dr	
		Bentonville, AR 72712	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Con	
		Check if Austin, TX, officeholder living Groceries for Capitol Office	g expense
		Sisseries in Capital Silice	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/OI		
	Date	Payee name	
	06/16/2023	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.96		
	720.00	. 16. 26. 22. 2	
		San Antonio, TX 78205	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Com	nplete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	g expense
		Newspaper Subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld
	Date	Payee name	
	05/19/2023	San Antonio Express News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.96	P.O. Box 2171	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Con	
		Newspaper Subscription	genpense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/OI	DH -	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/57 Rpt: 39/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	04/21/2023	San Antonio Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	P.O. Box 2171
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2023	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	P.O. Box 2171
	Ψ13.30	1.0. 50% 2171
		San Antonio, TX 78205
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit eroi	
	Date	Payee name
	02/24/2023	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	P.O. Box 2171
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		Tomopapo: Gussonpuo.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 36/57 Rpt: 40/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/27/2023	San Antonio Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	P.O. Box 2171
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Newspaper Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
_		
	Date	Payee name
	05/30/2023	Schieve, Eugenie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	100 Clearwater Way
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Stail Lay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Davies same
	05/25/2023	Payee name Schieve, Eugenie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
		Kyle, TX 78640
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/57 Rpt: 41/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	·
	04/24/2023	Schieve, Eugenie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	100 Clearwater Way	
		Kyle, TX 78640	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Galaries, Wages, Corni act Eabor	ravel outside of Texas. Complete Schedule T.
		Staff Pay	Austin, TX, officeholder living expense
		Stan r dy	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		555 1.6.0
_	Date	Payee name	
	03/06/2023	Schieve, Eugenie	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	100 Clearwater Way	
	Ψ200.00	100 oloumusi may	
		Kyle, TX 78640	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if to	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	Austin, TX, officeholder living expense
		Staff Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<u> </u>	
	Date	Payee name	
	03/06/2023	Schieve, Eugenie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	100 Clearwater Way	
		Kyle, TX 78640	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Jaianes/Wages/Contract Eabor	ravel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense
		Staff Pay	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/57 Rpt: 42/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	03/06/2023	Schieve, Eugenie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
		Kyle, TX 78640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Para and a second secon
		Payee name
L	06/05/2023	Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Messaging Program
		Wiessaging Frogram
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dayso nama
	05/03/2023	Payee name Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Messaging Program
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1: Sch: 39/57 Rpt: 43/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
	04/03/2023	Slack Technologies, LLC
6	Amount (\$) \$53.55	7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Messaging Program
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2023	Slack Technologies, LLC
	Amount (\$) \$65.29	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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 Messaging Program
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2023	Slack Technologies, LLC
	Amount (\$) \$65.29	Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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 Messaging Program
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

Travel in District Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Credit Card Payment	The Instruction Guide explains how to complete th	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/57 Rpt: 44/61	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	05/26/2023	Southwest Airlines, Co	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$671.96	2702 Love Field Drive	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
	OF EXPENDITURE	Travel out of Bistrict	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			vel for Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_	Date	Payee name	
	05/26/2023	Southwest Airlines, Co	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$671.96	2702 Love Field Drive	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
		l IIa	vel for Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
_	Data	B	
	Date 05/26/2023	Payee name Southwest Airlines, Co	
	Amount (\$) \$671.96	Payee address; City; State; Zip Code 2702 Love Field Drive	
	Ψ011.30	2102 Love Field Brive	
		Dallas, TX 75235	
_	PURPOSE		a visabia sa
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Des	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Tra	vel for Staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	CAPETIGITUTE TO DETICITE C/OI	1	
ı			

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/57 Rpt: 45/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	06/05/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.00	2702 Love Field Drive
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for Officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.00	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.00	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for Staff
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 42/57 Rpt: 46/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date 02/21/2023	5 Payee name Squarespace
6	Amount (\$) \$272.79	7 Payee address; City; State; Zip Code 225 Varick Street, 12th Floor
		New York, NY 10014
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Subscription Renewal
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/07/2023	Payee name Squarespace
	Amount (\$) \$389.70	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York, NY 10014
	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 Website Subscription Renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/23/2023	Payee name Squarespace
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor
		New York, NY 10014
	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 Website Subscription Renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/57 Rpt: 47/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	05/31/2023	Texas Blue Action Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 41424
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if disent	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 15707
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Bondion
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Para and a second secon
	Date 01/19/2023	Payee name Toyas Domocratic Party
		Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	314 E. Highland Mall Blvd.
		Suite 508
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		2011alion
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholds/ (Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/57 Rpt: 48/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	02/08/2023	Texas Energy & Climate Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Caucus Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/18/2023	Texas Legisaltive Study Group
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Caucus Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/20/2023	The Innovation and Technology Caucus of the Texas Legislature
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca Street, STE 110-701
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Caucus Dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide 6	explains how to co	mple	te this form.		
1	Total pages Schedule F1:	2 FII	LER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 45/57 Rpt: 49/61	H	oward, Donna S. (The Honora	able)			00042130	
4	Date	5 Pa	ayee name			•		
	06/22/2023	Th	ne New York Times Company					
6	Amount (\$)	7 Pa	ayee address; City;	State; Zip Co	ode			
	\$18.09	62	20 Eighth Avenue					
		Ne	ew York, NY 10018					
8	PURPOSE	(a) Ca	ategory (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Of	ffice Overhead/Rental Expens	se		ш	side of Texas. Com X, officeholder living	
						Newspaper Sul		g expense
9	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name	Office sou	<u>I</u> ıght		Office h	eld
	expenditure to benefit C/OI	Н						
	Date	Pa	ayee name					
	06/14/2023	1	ne New York Times Company					
	Amount (\$)	Pa	ayee address; City;	State; Zip Co	ode			
	\$18.09		20 Eighth Avenue	•				
		Ne	ew York, NY 10018					
	PURPOSE OF		ategory (See Categories listed at the top		(b)	Description	(= 0	
	EXPENDITURE	O1	ffice Overhead/Rental Expens	se			side of Texas. Com X, officeholder living	
						Newspaper Sul		
	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ıght		Office h	eld
	expenditure to benefit C/OI	Н						
	Date	Pa	ayee name					
	05/25/2023	Th	ne New York Times Company					
	Amount (\$)	Pa	ayee address; City;	State; Zip Co	ode			
	\$18.09	62	20 Eighth Avenue					
		Ne	ew York, NY 10018					
	PURPOSE	(a) Ca	ategory (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Of	ffice Overhead/Rental Expens	se		ш	side of Texas. Com	•
						Newspaper Sul	X, officeholder living hscrintion	g expense
						Trottopapor Ga	occipacii	
	Complete ONLY if direct	<u>I</u> Car	ndidate/Officeholder name	Office sou	ıght		Office h	eld
	expenditure to benefit C/OI	Н			3			
ı								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 46/57 Rpt: 50/61	Howard, Donna S. (The Honorable) 00042130			
4	Date	5 Payee name			
	05/16/2023	The New York Times Company			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$18.09	620 Eighth Avenue			
		New York, NY 10018			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Newspaper Subscription			
		Newspaper Substitution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
	Date	Payee name			
	04/27/2023	The New York Times Company			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.09 620 Eighth Avenue				
		New York, NY 10018			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Newspaper Subscription			
		140WSpaper Gabooripaon			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
L	·				
	Date	Payee name			
	04/18/2023	The New York Times Company			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.09	620 Eighth Avenue			
		New York, NY 10018			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Newspaper Subscription			
	Operation ONLY if all part	On all data (Office helder marre			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
		·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 47/57 Rpt: 51/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date 03/30/2023	5 Payee name The New York Times Company
6	Amount (\$) \$18.09	7 Payee address; City; State; Zip Code 620 Eighth Avenue
8	PURPOSE OF EXPENDITURE	New York, NY 10018 (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 Newspaper Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 03/21/2023	Payee name The New York Times Company
	Amount (\$) \$18.09	Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018
	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 Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/02/2023	Payee name The New York Times Company
	Amount (\$) \$18.09	Payee address; City; State; Zip Code 620 Eighth Avenue
		New York, NY 10018
	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 Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 48/57 Rpt: 52/61	Howard, Donna S. (The Honorable) 00042130				
4	Date	5 Payee name				
	02/21/2023	The New York Times Company				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$18.09	620 Eighth Avenue				
		New York, NY 10018				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Newspaper Subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	02/02/2023	The New York Times Company				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.09	620 Eighth Avenue				
		New York, NY 10018				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Newspaper Subscription				
	Complete ONLY if direct					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Data					
	Date 01/24/2023	Payee name The New York Times Company				
	Amount (\$) \$18.09	Payee address; City; State; Zip Code 620 Eighth Avenue				
	\$10.09	620 Eighth Avenue				
		Now York NV 10010				
	DUDDOOF	New York, NY 10018				
	PURPOSE OF	(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.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Newspaper Subscription				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	CAPERICITE TO DETICITE C/OI	<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services		ig Expe es/Wag	ense ges/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	ide explains how to	com	plete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 49/57 Rpt: 53/61		Howard, Do	nna S. (The Hor	norable)				00042130		
4	Date	5	Payee name								
	01/05/2023			rk Times Compa	any						
6	Amount (\$)	7	Payee addres	s; City;	State; Zip	Code	 e				
	\$18.09		620 Eighth A	Avenue							
			New York, N	IY 10018							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(k	b) Description				
	OF EXPENDITURE	l`´		nead/Rental Exp		`		l outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			•					officeholder living	gexpense	
							Newspaper :	Sub	scription		
_						<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office	sough	nt		Office he	eld	
		_									
	Date		Payee name								
	06/06/2023		The Rocket	Science Group,	LLC						
	Amount (\$)		Payee addres		State; Zip	Code	е				
	\$50.10		675 Ponce [De Leon Ave NE	, Suite 5000						
			Atlanta, GA	30308							
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(k	Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	ense		=		de of Texas. Com officeholder living	plete Schedule T.	
							Campaign E			у ехрепзе	
							g =				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	<u>l</u> sough	nt		Office he	eld	
	expenditure to benefit C/OI	Н									
_	Date	Г	Payee name								
	05/08/2023		•	Science Group,	LLC						
	Amount (\$)		Payee addres		State; Zip	Code	 e				
	\$50.10		•	De Leon Ave NE	•						
			Atlanta, GA	30308							
	PURPOSE	(a)		e Categories listed at the	o top of this schoolule)	(t	b) Description				
	OF	(-,		e categories listed at the nead/Rental Exp		`		l outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living	g expense	
							Campaign E	mai	l Vendor		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	nt		Office he	eld	
	experiulture to benefit G/OFI										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		1
1	Total pages Schedule F1: Sch: 50/57 Rpt: 54/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
Ļ	•	
4	Date	5 Payee name
L	04/06/2023	The Rocket Science Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Fmail Vandor
		Campaign Email Vendor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	CAPETIGITATE TO DELICIT C/OF	
	Date	Payee name
	03/06/2023	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	DUDDOGE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Vendor
		Campaign Email Vollage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/06/2023	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Email Vendor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made Candidate/Officeholder/Polit	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1	: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/57 Rpt: 55/61	Howard, Donna S. (The Honorable) 00042130
4 Date	5 Payee name
01/06/2023	The Rocket Science Group, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.10	675 Ponce De Leon Ave NE, Suite 5000
	Atlanta, GA 30308
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Email Vendor
• Committee Chillians	Our distant (Office health a name of the control of
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
2	
Date	Payee name
02/17/2023	The Texas House Early Childhood Caucus
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P.O. Box 12411
	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Caucus Dues
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
D-4-	T -
Date	Payee name
02/10/2023	Town Park Valet
Amount (\$)	Payee address; City; State; Zip Code
\$23.82	701 E 11th St,
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense
	Parking Fee
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)		
	Sch: 52/57 Rpt: 56/61	Howard, Donna S. (The Honorable)		00042130			
4	Date	5 Payee name		•			
	06/08/2023	US Postal Service					
6	Amount (\$)	7 Payee address; City; State; Zip Code)				
	\$248.00	2418 Spring Ln					
		Austin, TX 78703					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Co tin, TX, officeholder livi			
			P.O. Box Re		ng expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office	held		
	expenditure to benefit C/O						
	Date	Payee name					
	05/30/2023	Walton's Fancy & Staple					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$118.28	609 W 6th St					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description				
	OF EXPENDITURE	Food/Beverage Expense	Check if trave	el outside of Texas. Co			
	LAI LINDITORE			tin, TX, officeholder livi			
			roou ioi Ca	pitol Office Sta	11		
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office	held		
	expenditure to benefit C/O	•		Office	noid		
-	Date	Payee name					
	01/30/2023	Welsch & Ward: Printy Charlie R CPA					
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>				
	\$275.00	8500 Bluffstone Cove	•				
	42.0.00	2000 2.4					
		Austin, TX 78759					
	PURPOSE		N Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	DescriptionCheck if trave	el outside of Texas. Co	mplete Schedule T.		
	EXPENDITURE	Concurring Expones		tin, TX, officeholder livi	ng expense		
			CPA				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t	Office	held		
	Orialia.o to borioni O/OI	•					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 53/57 Rpt: 57/61	Howard, Donna S. (The Honorable) 00042130			
4	Date	5 Payee name			
	05/31/2023	Ylana Gonzalez, Kristen			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	8004 Swindon Lane			
		Austin, TX 78745			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Staff Pay			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	d v			
	Date	Payee name			
	05/31/2023	Ylana Gonzalez, Kristen			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	8004 Swindon Lane			
		Austin, TX 78745			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Staff Pay			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Data	Development			
	Date 05/11/2023	Payee name Ylana Gonzalez, Kristen			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 8004 Swindon Lane			
	Ψ100.00	5004 Swindon Earle			
		Austin, TX 78745			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Staff Pay			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experientare to benefit 6/01	·			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1: Sch: 54/57 Rpt: 58/61	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission 00042130	Filers)
4	Date 04/24/2023	Payee name Ylana Gonzalez, Kristen	
6	Amount (\$) \$100.00	Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745	
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 Staff Pay	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/20/2023	Payee name Ylana Gonzalez, Kristen	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745	
	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 Staff Pay	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/03/2023	Payee name Ylana Gonzalez, Kristen	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 8004 Swindon Lane	
		Austin, TX 78745	
	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 Staff Pay	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/57 Rpt: 59/61	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	01/17/2023	Ylana Gonzalez, Kristen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	8004 Swindon Lane
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/05/2023	Zoom Video Communications, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Video Conferencing Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit eror	'
	Date	Payee name
	05/04/2023	Zoom Video Communications, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Video Conferencing Subscription
		Video Conferencing Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 56/57 Rpt: 60/61	Howard, Donna S. (The Honorable)	00042130		
4	Date	5 Payee name			
	04/04/2023	Zoom Video Communications, Inc			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$17.05	55 Almaden Blvd.			
		6th Floor			
		San Jose, CA 95113			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		utside of Texas. Complete Schedule T.		
	EXPENDITURE		TX, officeholder living expense		
		Video Confere	encing Subscription		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experiulture to beliefit C/Oi				
	Date	Payee name			
	03/06/2023	Zoom Video Communications, Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.98	55 Almaden Blvd.			
		6th Floor			
		San Jose, CA 95113			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		utside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin,	TX, officeholder living expense		
		Video Confere	encing Subscription		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	experiantare to benefit Groi				
	Date	Payee name			
	02/06/2023	Zoom Video Communications, Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.98	55 Almaden Blvd.			
		6th Floor			
		San Jose, CA 95113			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		utside of Texas. Complete Schedule T.		
	EXPENDITORE	l	TX, officeholder living expense		
		Video Confere	encing Subscription		
	Operation Objects "	Overskildete (Office helders as	Office hall		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
L					
F ~ .	me provided by Tayac E	thice Commission was athics state ty us	Varsion V2 5.1 a18aa2ca		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services			/ages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	above)
dash		_		The Instruction G	uiue expiains i	IOW TO COL	inplete this form.	_			
1	Total pages Schedule F1: Sch: 57/57 Rpt: 61/61	2		nna S. (The Ho	norable)			3	Filer ID 00042130	(Ethics Commis	ssion Filers)
	Date 01/04/2023			Communicatio		Zin Co					
Ь	Amount (\$) \$15.98	7	Payee address 55 Almaden 6th Floor San Jose, C	Blvd.	State;	Zip Co	ue				
8	PURPOSE OF EXPENDITURE	(a)		e Categories listed at t nead/Rental Ex		edule)	ш	ı, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght		Office he	eld	