FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082357 3 COMMITTEE NAME **OFFICE USE ONLY** #PROJECTREDTX Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 10 N Caddo St. #108 Date Hand-delivered or Date Postmarked Change of Address Cleburne, TX 76033 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Patrick NAME NICKNAME LAST **SUFFIX** Hamilton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 10 Caddo St. #108 STREET **ADDRESS** (Residence or Business) Cleburne, TX 76033 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
#PROJECTREDTX			0008235	7		
ACTIVITY (Ide	Candidates entify by name or, if plicable, classify by party.)	A. Supported Maria Yvette Hernandez				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(De	Measures escribe by date and location election and nature of issue.)	A. Supported				
		B. Opposed				
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)					
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	75,000.00		
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
4.	TOTAL POLITICA	L EXPENDITURES	\$	19,610.94		
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	203,347.59		
OUTSTANDING 6. LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT			<u>'</u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
	Mr. Patrick Hamilton					
		Signature of Ca	mpaign Treas	surer		
AFFIX NOTARY ST	AMP / SEAL ABOVE					
Sworn to and subscribed bef	fore me, by the said	, ti	his the	day		
		which, witness my hand and seal of office.				
Signature of officer admin	nistering oath	Printed name of officer administering oath	Title of of	ficer administering oath		

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 29
		EE NAME TREDTX	18 Filer ID 00082357	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 75,000.0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 19,610.9
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
l				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/5 Rpt: 4/29	
2	FILER NAME #PROJECTREDTX			3	Filer ID (Ethics Commissi 00082357	on Filers)
4	Date 03/13/2023	5 Full name of contributor out-of-state PAC (ID#:) Altria Client Services 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/20/2023	Full name of contributor out-of-state PAC (ID#:_Autry, Evan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)		<u> </u>			
	Consultant Autry Public Affairs		,			
	Date 03/16/2023				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Cammack & Strong)		
	Date 03/23/2023	Full name of contributor out-of-state PAC (ID#:_ Clay, Reed Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Crestline Solutions)		
	Date 05/23/2023	Full name of contributor out-of-state PAC (ID#:_ Drew Darby Campaign Contributor address; City; State; Zip Code San Angelo, TX 76902			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/29				
2	FILER NAME #PROJECTE	REDTX				3	Filer ID (Ethics Commissi 00082357	on Filers)	
4	Date 03/21/2023	5 Full name of contributor out-of-state PAC (ID#:) Jablonski, Amanda 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
_	Dringing Lagran	Austin, TX 78701	-> [_	Franksian (Caalinatuustiana	<u></u>			
8	Principal occu Paralegal	pation / Job title (See Instruction	S)	9	Employer (See Instructions Deborah Goodell Polan	5)			
	Date 03/13/2023	Full name of contributor Jay Dean Campaign Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00	
		Longview, TX 75605			<u> </u>				
Principal occupation / Job title (See Instructions) Employer (See Instructions				5)					
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID#:) Jerrys Seafood Inc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
		Anahuac, TX 77514							
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/22/2023 Jurisich, Frances Contributor address; City; State; Zip Code Texas City, TX 77590			Amount of Contribution (\$)	\$500.00				
	Principal occu Small Busnie	pation / Job title (See Instruction essman	s)		Employer (See Instructions Self	5)			
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:) Las Vegas Sands Contributor address; City; State; Zip Code Las Vegas, NV 89109			Amount of Contribution (\$)	\$25,000.00			
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	struction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/5 Rpt: 6/29		
2	FILER NAME #PROJECTE	FILER NAME #PROJECTREDTX			Filer ID (Ethics Commission 00082357	on Filers)	
4	Date 03/16/2023	5 Full name of contributor out-of-state PAC (ID#:) Locke Lord LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
•	Dringing aggr	Dallas, TX 75201					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 03/13/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Carrollton, TX 75006 Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	Date 03/23/2023	Full name of contributor out-of-state PAC (ID#:_ Miller, Jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	CEO	patient, cos das (cos mediacións)	Miller Strategies				
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_Misho's Oyster Co Contributor address; City; State; Zip Code Seabrook, TX 77586)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/18/2023	Full name of contributor out-of-state PAC (ID#:_ Orr, Will Contributor address; City; State; Zip Code Itasca, TX 76055			Amount of Contribution (\$)	\$500.00	
	Principal occu Republican (pation / Job title (See Instructions) Chairman	Employer (See Instructions Hill County)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	nstruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 4/5 Rpt: 7/29	
2	FILER NAME #PROJECTREDTX		3	Filer ID (Ethics Commissio 00082357	n Filers)	
4	Date 03/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Pee, Andrea 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Lagra	Austin, TX 78701	O Familia var (Cara Instructiona			
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions TxANA	·)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:) Powell, Gideon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dallas, TX 75251 Principal occupation / Job title (See Instructions) Employer (See Instructions		<u> </u>			
	CEO Cholla Petroleum					
	Date 03/20/2023				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Infrastructure Solutions,		c. (ISI)	
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID#:_ TX Association of Business Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID#:_ The Wilbanks Group Inc Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 5/5 Rpt: 8/29	
2	FILER NAME			3	Filer ID (Ethics Commission 00082357	on Filers)
4	Date 03/07/2023			7	Amount of Contribution (\$)	\$5,000.00
	Drive in all cases	HOUSTON, TX 77027	O Frankriger (Cook Instructions			
8	Executive Di	ipation / Job title (See Instructions) irector	9 Employer (See Instructions TLR	5)		
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: US Seafood Products INC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
Texas City, TX 77590 Principal occupation / Job title (See Instructions) Employer (See Instructions			<u> </u> ;)			
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID#: Warren, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Dripping Springs, TX 78620				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Texas Health Care Assr			
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID#:_ Whitley, David Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) Gregory Strategies			<u>. </u>		

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	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: 1/21 Rpt: 9/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/21/2023	83 Fuel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$67.75	19575 TX 83
— Foresedit we from	
Expenditure from corporate funds	Catarina, TX 78836
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Staff Transportation Cost
	Stan Transportation Cost
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/23/2023	Alon
Amount (\$)	Payee address; City; State; Zip Code
\$81.64	11995 Gateway West
Expenditure from corporate funds	El Paso, TX 79936
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Transportation Cost
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
01/11/2023	Att
Amount (\$)	Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
Expenditure from corporate funds	Carol Stream, IL 60197
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
	PAC Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

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: 2/21 Rpt: 10/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
03/11/2023	Att
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
Expenditure from corporate funds	Carol Stream, IL 60197
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 PAC Utilities
	FAC Offitties
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/11/2023	Att
Amount (\$)	Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
- Formanditure from	
Expenditure from corporate funds	Carol Stream, IL 60197
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
	PAC Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
04/11/2023	Att
Amount (\$)	Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
- Foresanditure Cons	
Expenditure from corporate funds	Carol Stream, IL 60197
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	PAC Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
37.50.10.10.10.10.10.10.11.07.01	•

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 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: 3/21 Rpt: 11/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
05/11/2023	Att
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
Expenditure from corporate funds	Carol Stream, IL 60197
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
	PAC Utilities
	The duites
Complete CNI V if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/11/2023	Att
Amount (\$)	Payee address; City; State; Zip Code
\$78.77	P.O. Box 6416
Expenditure from corporate funds	Carol Stream, IL 60197
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Crossing to the control of the con
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
06/22/2023	Bienvenido's
Amount (\$)	Payee address; City; State; Zip Code
\$35.66	405 W Dickenson Blvd
Ψ00.00	.55 11 2.51.55.11 2.114
Expenditure from	Fort Stockton, TV 70725
corporate funds	Fort Stockton, TX 79735
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff Travel Meal
	Stati Havor Modi
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	-		Wages/Contract Labor	OTHER (enter a c	ategory not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 4/21 Rpt: 12/29	#PROJECTREDTX			00082357	
4 Date	5 Payee name				
06/22/2023	Car-isma				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$15.00	2407 Dickenson				
Expenditure from corporate funds	Fort Stockton, TX 7973	85			
8 PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
EXPENDITURE	Travel In District		l <u>—</u>	outside of Texas. Compl , TX, officeholder living o	
			Staff Travel N		одренае Стренае
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nan	ne Office sou	<u>I</u> ught	Office hel	d
Date	Payee name				
06/23/2023	Delfinas Kitchen				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$39.83	101 Octavia	·			
Expenditure from corporate funds	Sierra Blanca, TX 7985	51			
PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District		I <u>—</u>	outside of Texas. Compl	
			Staff Travel N	, TX, officeholder living e	expense
			Stall Haveri	vicai	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne Office sou	<u>l</u> ught	Office hel	d
Date	Payee name				
06/20/2023	Exxon Xoom				
Amount (\$)	Payee address; City;	State; Zip Co	nde		
\$64.30	4706 S Expressway 83	•	540		
Ψ0-1.50	. 100 0 Expressivaly 00				
Expenditure from corporate funds	Harlingen, TX 78550				
PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District			outside of Texas. Compl	
				TX, officeholder living e	expense
			Staff Transpo	malion Cost	
Commission Chill V if all a	Condidate (Office let et et e	000-		Office 1 1	al .
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nan	ne Office sou	ıyııt	Office hel	u

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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 5/21 Rpt: 13/29	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/01/2023	Fischer Law	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$780.00	430 Old Fitzhugh #7	
Expenditure from corporate funds	Dripping Springs, TX 78620	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Legal Services	
	Legal Services	
O Complete CNU V if direct	Condidate/Officeholder name Office cought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		
Date	Payee name	
06/21/2023	Fuddruckers	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.50	406 S Bibb St	
Expenditure from corporate funds	Eagle Pass, TX 78853	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Staff Travel Meal	
	Stall Havel Meal	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		
Date	Payee name	
01/15/2023	Gary Seven	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	1108 Lavaca St #110-708	
Expenditure from corporate funds	Austin, TX 78701	
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	
	PAC Rent	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/21 Rpt: 14/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
02/15/2023	Gary Seven
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1109 Lavaca St #110-708
Expenditure from corporate funds	Austin, TX 78701
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 PAC Rent
	1 AC Neill
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
03/15/2023	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1109 Lavaca St #110-708
— E	
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	PAC Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	
Date	Payee name
04/15/2023	Gary Seven
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1109 Lavaca St #110-708
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	1

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/21 Rpt: 15/29 #PROJECTREDTX 00082357 4 Date Payee name 05/15/2023 Gary Seven 6 Amount (\$) Payee address; City; State; Zip Code \$1,500.00 1109 Lavaca St #110-708 Expenditure from Austin, TX 78701 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **PAC Rent** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2023 Gary Seven Amount (\$) Payee address; City; State; Zip Code \$1,500.00 1109 Lavaca St #110-708 Expenditure from Austin, TX 78701 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **PAC Rent** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/20/2023 GoDaddy Amount (\$) Payee address: City: State; Zip Code \$30.16 2155 E Warner Rd Expenditure from corporate funds Tempe, AZ 85284 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Software License Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/21 Rpt: 16/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/22/2023	
00/22/2023	Hampton Inn Del Rio
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$218.36	2219 Bedell Ave
Expenditure from corporate funds	Del Rio, TX 78840
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff Travel Accommodations
	Stail Have Accommodations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/22/2023	Hampton Inn Del Rio
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$218.36	2219 Bedell Ave
Expenditure from	
corporate funds	Del Rio, TX 78840
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Travel Accommodations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/23/2023	Hampton Inn - Alpine
Amount (\$)	Payee address; City; State; Zip Code
\$200.44	2607 W Hwy 90
Expenditure from	Alpine, TX 79830
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Staff Travel Accommodations
	Stall Have Accommodations
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	cal 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 Comm	ission Filers)	
Sch: 9/21 Rpt: 17/29	#PROJECTREDTX 00082357		
4 Date	5 Payee name		
06/23/2023	Hampton Inn - Alpine		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200.44	2607 W Hwy 90		
·			
Expenditure from	Alpino TV 70020		
corporate funds	Alpine, TX 79830		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Staff Travel Accommodations		
	Stall Travel Accommodations		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit Great			
Date	Payee name		
06/20/2023	Hampton Inn - Harlingen		
Amount (\$)	Payee address; City; State; Zip Code		
\$73.34	1104 Ed Carey Dr		
,,,,,,			
Expenditure from	Harlinger TV 70550		
corporate funds	Harlingen, TX 78550		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Staff Travel Accommodations		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to belieff Gree			
Date	Payee name		
06/22/2023	Hampton Inn - Laredo		
Amount (\$)	Payee address; City; State; Zip Code		
\$185.28	7903 San dario		
Expenditure from	Laredo, TX 78045		
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Staff Travel Accommodations		
	Stall Travel Accommodations		
Operation Children	Outside to 10 ff and address and a second se		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/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: 10/21 Rpt: 18/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
06/22/2023	Hampton Inn - Laredo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$185.28	7903 San dario
- "	
Expenditure from corporate funds	Laredo, TX 78045
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Staff Travel Accommodations
	Stail Haver/tecommodations
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
05/18/2023	Payee name
	Hardisty, Darby
Amount (\$)	Payee address; City; State; Zip Code
\$402.60	6709 Llano Stage Tr
Expenditure from corporate funds	Austin, TX 78738
PURPOSE	1
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
	Records Management Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/20/2023	IHOP
Amount (\$)	Payee address; City; State; Zip Code
\$15.14	1102 Ed Carey Dr
·	
Expenditure from corporate funds	Harlingen, TX 78550
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Staff Travel Meal
Complete CAU V & dia+	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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: 11/21 Rpt: 19/29	#PROJECTREDTX 00082357
4 Date	5 Payee name
01/10/2023	Intuit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center PI
Expenditure from corporate funds	Tucson, AZ 85707
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 Software License
	Software Electise
O Commission ONLY if dispose	Condidate/Office helder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
03/10/2023	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center PI
Expenditure from corporate funds	Tucson, AZ 85707
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
	Software License
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Pour a series
Date	Payee name
02/10/2023	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	2801 E Commerce Center PI
Expenditure from	
corporate funds	Tucson, AZ 85707
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software License
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 co	nplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 12/21 Rpt: 20/29	#PROJECTREDTX	00082357
4 Date	5 Payee name	1
04/10/2023	Intuit	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$31.98	2801 E Commerce Center Pl	
Expenditure from corporate funds	Tucson, AZ 85707	
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
		Software License
		30.1.1.4.1.0
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		5
Date	Payee name	
05/10/2023	Intuit	
		do.
Amount (\$) \$31.98	Payee address; City; State; Zip Co 2801 E Commerce Center PI	ue
Φ31.90	2001 E Confinerce Center Pr	
Expenditure from corporate funds	Tucson, AZ 85707	
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 Software License
		Software License
Complete ONLY if direct	Candidate/Officeholder name Office sou	oht Office held
expenditure to benefit C/OI		
Date	Payee name	
06/10/2023	Payee name Intuit	
		do.
Amount (\$) \$31.98	Payee address; City; State; Zip Co 2801 E Commerce Center Pl	uc
Φ51.98	2501 E COMMENCE CENTER PI	
Expenditure from corporate funds	Tucson, AZ 85707	
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
		Software License
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
_ '! !! = _		V : V0 E 4 40 0

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Expendence/Delitical 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
#PROJECTREDTX	00082357
5 Payee name	
Jasons Deli #640	
7 Payee address; City; State; Zip Coo	de
1048 West Exp 83	
Weslaco, TX 78596	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff Travel Meal
	otali Havoi modi
Candidate/Officeholder name Office sour	aht Office held
	The Office Held
Г	
·	
Payee address; City; State; Zip Coo	de
2506 South 77 Sunshine Strip	
Harlingen, TX 78550	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In District	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Staff Travel Meal
~	pht Office held
''	
Payee name	
Murphy Fuel	
Payee address; City; State; Zip Coo	de
2427 veterans Blvd	
Del Rio, TX 78840	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In District	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Staff Transportation Cost
Candidate/Officeholder name Office soug	pht Office held
	The Instruction Guide explains how to cor 2 FILER NAME #PROJECTREDTX 5 Payee name Jasons Deli #640 7 Payee address; City; State; Zip Cod 1048 West Exp 83 Weslaco, TX 78596 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Lubys #1 Payee address; City; State; Zip Cod 2506 South 77 Sunshine Strip Harlingen, TX 78550 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Murphy Fuel Payee name Murphy Fuel Payee address; City; State; Zip Cod 2427 veterans Blvd (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Murphy Fuel Payee address; City; State; Zip Cod 2427 veterans Blvd (a) Category (See Categories listed at the top of this schedule) Travel In District

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/21 Rpt: 22/29	#PROJECTREDTX 00082357
•	l.
4 Date	5 Payee name
04/17/2023	Norton
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$184.00	60 E rio Saldo Pkwy
Expenditure from	Tempe, AZ 85281
corporate funds	·
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 Software License
	Software License
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
06/19/2023	Nuevo Jalisco
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$29.88	412 E Riley St
Expenditure from	
corporate funds	Freer, TX 78357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Travel Meal
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/22/2023	Oasis Outback
Amount (\$)	Payee address; City; State; Zip Code
\$53.18	2900 E Main St
Evpanditura fra	
Expenditure from corporate funds	Uvalde, TX 78801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff Travel Meal
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 15/21 Rpt: 23/29	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
06/19/2023	QT 4032	
6 Amount (\$) \$66.49	7 Payee address; City; State; Zip Code	
\$60.49	23953 IH 35 N	
Expenditure from corporate funds	Schertz, TX 78154	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Staff Transportation Cost	
	Stail Hailsportation Cost	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
02/01/2023	RPSA	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,501.50	755 Mulberry Ave #200	
Expenditure from corporate funds	San Antonio, TX 78212	
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	
	Hernandez	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
06/22/2023	Ramada Inn	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.93	2101 Veterans Dr	
Expenditure from corporate funds	Del Rio, TX 78840	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Staff Travel Meal	
	Stall Havel Weal	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 16/21 Rpt: 24/29	#PROJECTREDTX 00082357	
4 Date	5 Payee name	
04/17/2023	Raven Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,250.00	PO Box 793	
, , , , , , , , , , , , , , , , , , , ,		
Expenditure from	Auglia TV 70707	
corporate funds	Austin, TX 78767	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Inkind Consulting for W. Hernandez	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit Great	·	
Date	Payee name	
04/10/2023	Reach Strategies	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 91282	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Expenditure from	Auglia TV 70700	
corporate funds	Austin, TX 78709	
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	
	Campaign IT Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to beliefit 6/01	'	
Date	Payee name	
03/01/2023	RightSide Compliance	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,677.13	P.O. Box 341027	
, , , , , , , ,		
Expenditure from	Avadia TV 70704	
corporate funds	Austin, TX 78734	
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	
	Compliance Consulting	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to belieff C/OI	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete t	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 17/21 Rpt: 25/29	#PROJECTREDTX			00082357	
4 Date	5 Payee name		•		
06/20/2023	RightSide Compliance				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$180.00	P.O. Box 341027				
— Foresaditus from					
Expenditure from corporate funds	Austin, TX 78734				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Consulting Expense		Check if travel outsic		
			Check if Austin, TX, ompliance Con		g expense
			ompliance Con	Sulting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht		Office he	əld
expenditure to benefit C/O		ugiit		Office fic	Siu
Date	Davis vers				
06/22/2023	Payee name Rudys				
	·	ada			
Amount (\$) \$6.47	Payee address; City; State; Zip Co 330 Braddie Drive	oue			
Φ0.47	350 Braudie Drive				
Expenditure from corporate funds	Del Rio, TX 78840				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Travel In District		Check if travel outsic		
		L	Check if Austin, TX, taff Travel Mea		g expense
			ian maveriviea		
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
04/10/2023	Stafford, Judson				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$500.00	505 W State Street	ouc			
+555.55					
Expenditure from corporate funds	Garland, TX 75040				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
			Check if Austin, TX, ata Services	onicenolaer living	j experise
			51 11000		
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u> </u>		Office he	eld
expenditure to benefit C/O		J		233 110	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/21 Rpt: 26/29	#PROJECTREDTX	00082357
4 Date	5 Payee name	
05/10/2023	Stafford, Judson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	505 W State Street	
Expenditure from corporate funds	Garland, TX 75040	
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 Data Services
		Data Gervices
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		Office field
Data		
Date	Payee name	
05/20/2023	Surf Shark	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.99	16192 Coastal Hwy	
Expenditure from		
corporate funds	Lewes, DE 19958	
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 Software License
		Software License
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
06/20/2023	SurfShark	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.99	16192 Coastal Hwy	
Expenditure from		
corporate funds	Lewes, DE 19958	
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
		Software License
Operation Children	Condidate IOffice halden name	Office 1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/21 Rpt: 27/29	#PROJECTREDTX	00082357
4 Date	5 Payee name	·
06/22/2023	TST Spicewood	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$79.04	2612 Hwy 90	
Expenditure from corporate funds	Alpine, TX 79830	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Travel Meal
		Stall Have Weal
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data		
Date	Payee name	
04/18/2023	Texas Political Solutions	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	5501 La Canada Way	
Expenditure from		
corporate funds	Austin, TX 78738	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Services
		Legal Services
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	Cinice riciu
Data	D	
Date 04/20/2023	Payee name UPS Store	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.97	1108 Lavaca	
Expenditure from		
corporate funds	Austin, TX 78701	
PURPOSE OF	2 2 (,	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Shipping
		- rr ···ə
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		

SCHEDULE F1

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

Event Expense
Fees
Feod/Beverage Expense
Gftt/Awards/Memorials Expense
Legal Services

Expense Polling Expense
morials Expense Printing Expense
Salaries/Wages/Contract Labo

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
Sch: 20/21 Rpt: 28/29	#PROJECTREDTX	00082357	
4 Date	5 Payee name		•
05/11/2023	UPS Store		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$22.18	1108 Lavaca		
Expenditure from corporate funds	Austin, TX 78701		
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
			Shipping
			Obba
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
expenditure to benefit C/OI		agi it	Office field
Data			
Date	Payee name		
04/10/2023	Vista Print		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$34.63	100 Hayden Ave		
Expenditure from			
corporate funds	Lexington, MA 02421		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			PAC Materials Printing
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/OI		ıgnı	Office field
Date	Payee name		
06/22/2023	Wal Mart Fuel		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$35.37	2610 Dickenson Blvd		
Expenditure from			
corporate funds	Fort Stockton, TX 79735		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Staff Transportation Cost
		L_	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
experience to belief 6/01	•		

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	ı - I Co	mmittee L	egal Se	rds/Memorials Exp rvices struction Guid			kpense /ages/	Contract Labor		Travel Out of D OTHER (enter a	strict a category not lis	ted above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 21/21 Rpt: 29/29		#PROJECTR	REDT	X						00082357		·
4	Date	5	Payee name										
	06/20/2023		Whataburger										
6	Amount (\$)	7	Payee address	s;	City;	State	; Zip Co	de					
	\$6.47		4515 E Hwy	83									
┞	T Expenditure from												
Ļ	corporate funds	(-)	Rio Grande ((I-)					
8	PURPOSE OF	(a)	Category (See		ories listed at the t	op of this sch	iedule)	(a)	Description	otoi	de of Texas. Cor	anlata Cabadula	_
l	EXPENDITURE		Travel In Dist	trict							officeholder livin		1.
									Staff Travel N			9	
											•		
9	Complete ONLY if direct	<u> </u>	Candidate/Office	obold	or namo		Office sou	aht			Office h	old	
ľ	expenditure to benefit C/OI		Sandidate/Office	enolui	er name		Jilice 30u	grit			Office fi	Ciu	
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