### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instructio	n Guide explains how to con	plete this form.	1 Filer ID (Ethics Commissi 00042411	on Filers)	2 Total pages	s filed: 74
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Jose				
NAME		0000			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Menendez		0011.00		
		Wenendez				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 100833					
ADDRESS					Receipt #	Amount
Change of Address	Con Antonio TV 70201					
	San Antonio, TX 78201				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Estefana				
NAME		Lotorana				
	NICKNAME	LAST		SUFFIX		
		Martinez				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT	/ SUITE #; CITY;	S	STATE; ZIP CODE
TREASURER	114 Olga Dr.					
ADDRESS	5					
(Residence or Business						
	San Antonio, TX 78237					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(210) 432-2619					
8 REPORT		_	_	_	-	
TYPE	January 15	30th day befor	re election	Runoff	15th day after	campaign treasurer officeholder only)
	X July 15	8th day before		exceeded modified	-	Attach C/OH-FR)
				eporting limit		
9 PERIOD COVERED	Month Day Yea			Month Day	Year	
COVERED	01/01/2023	1	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ur 🔤 🗌	Primary	Runoff	Other	
			General	Special		
		I				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Senator District 2	6 Bexar		State Senator Di	strict 26	
		<b>CO</b> <sup>1</sup>				
		GU	TO PAGE 2			
Forms provided by	Texas Ethics Commission	www.e	thics.state.tx.us		Ver	sion V3.5.1.a18ea2ca

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 74

13 C / OH NAME	Menendez, Jose (The	e Honorable)	14 Filer ID (E 00042411	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
<b>16</b> CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 3,032.95
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 64,592.08
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 780,767.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				•
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hono	rable Jose Menende:	z
		Signature of	Candidate or Officehold	ler
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 offi	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us	\	/ersion V3.5.1.a18ea2ca

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 74 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00042411 Menendez, Jose (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 0.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00 З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 64,592.08 \$ X 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 0.00 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

### **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/74 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Menendez, Jose (The Honorable) 00042411 4 0.00 TOTAL OF UNITEMIZED PLEDGES \$ In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDU	ILE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 5/74	
2 FILER NAME Menendez, Jose (The Honorable)	3 Filer ID 000424	(Ethics Commission	I Filers)
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	)	9 Loan Amount (\$)	
6     Is lender a financial institution?     8     Lender address;     City;     State;     Zip Code		<ul><li>10 Interest Rate</li><li>11 Maturity Date</li></ul>	
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)	5)		
14 Description of Collateral     15 Check if personal funds we       None	ere deposited	l into political account (See Instructions	
16 GUARANTOR     17 Name of guarantor       INFORMATION		19 Amount Guarante	eed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation     21 Employer (See Instructions)	5)		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/69 Rpt: 6/74		Menendez, Jose (The Honorable)				00042411
4	Date	5	Payee name				
	02/18/2023		A-AAA Key Mini storage				
6	Amount (\$) \$352.00	7	Payee address;City;State6604 W Interstate 10	; Zip Co	de		
			San Antonio, TX 78201				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	iedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense gn storage rental
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	03/02/2023		A-AAA Key Mini storage				
	Amount (\$) \$176.00		Payee address; City; State 6604 W Interstate 10 San Antonio, TX 78201	; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	iedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense ee for campaign storage rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	04/03/2023		A-AAA Key Mini storage				
	Amount (\$) \$176.00		Payee address;City;State6604 W Interstate 10	; Zip Co	de		
			San Antonio, TX 78201				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense gn storage rental fee
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transmitter           Food/Beverage Expense         Polling Expense         Transmitter           y -         Gift/Awards/Memorials Expense         Printing Expense         Transmitter					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 2/69 Rpt: 7/74		Menendez, Jose (The Honora	ble)				00042411	
4	Date	5	Payee name						
	05/02/2023		A-AAA Key Mini storage						
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	е			
	\$176.00		6604 W Interstate 10						
			San Antonio, TX 78201						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	nedule)	b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exper	nse				side of Texas. Complete Schedule T.	
								<, officeholder living expense ign storage rental fee	
						wonuny can	ιμαι	igh slorage rental lee	
9	Complete ONLY if direct		Candidate/Officeholder name		Office soug	bt		Office held	
9	expenditure to benefit C/OF				Jince soug	nit		Onice held	
	Date		Payee name						
	06/02/2023		A-AAA Key Mini storage						
	Amount (\$)		Payee address; City;	State	; Zip Coc	е			
	\$176.00		6604 W Interstate 10						
			San Antonio, TX 78201						
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	nedule)	b) Description			
	EXPENDITURE		Office Overhead/Rental Exper	nse				side of Texas. Complete Schedule T.	
								c, officeholder living expense ign storage rental fee	
						Montiny can	ιμαι	igh storage remainee	
	Complete ONLY if direct		Candidate/Officeholder name	(	 Office soug	ht		Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	01/27/2023		AT&T						
	Amount (\$)		Payee address; City;	State	; Zip Coc	е			
	\$572.22		P.O. Box 105414						
			Atlanta, GA 30348						
	PURPOSE OF	(a)	Category (See Categories listed at the to		nedule)	b) Description			
	EXPENDITURE		Office Overhead/Rental Exper	nse				side of Texas. Complete Schedule T.	
						Phone and in		(, officeholder living expense	
						i nune anu n	nel		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office soug	ht		Office held	
	expenditure to benefit C/OF			(	Since Soug	in in the second s			
-									

			EXPEND	ITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Expense morials Expense ion Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 3/69 Rpt: 8/74		Menendez, Jose (The	Honorable)				00042411		
4	Date	5	Payee name							
	02/27/2023		AT&T							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$320.58		P.O. Box 105414							
		Atlanta, GA 30348								
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Renta		,	Check if travel		ide of Texas. Complete Schedule T.		
								a, officeholder living expense		
						officeholder/c		rnet service for npaign.		
9	Complete ONLY if direct		Candidate/Officeholder na		Office sour			Office held		
9	expenditure to benefit C/OF					jin.		Once neu		
	Date		Payee name							
	03/27/2023		AT&T							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$311.07 P.O. Box 105414									
			Atlanta, GA 30348							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories lis Fees	ted at the top of this sch	edule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense and internet fee for campaign and		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder na	ne C	Dffice sou	nht		Office held		
	expenditure to benefit C/OF					,				
-	Date		Payee name							
	04/25/2023		AT&T							
	Amount (\$)		Payee address; City;	State <sup>.</sup>	; Zip Co	le				
	\$310.84		P.O. Box 105414	,	,					
			Atlanta, GA 30348							
	PURPOSE OF	(a)		ted at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. 3. officeholder living expense		
								rnet service fee		
								··· ··· -		
-	Complete ONLY if direct	L(	Candidate/Officeholder na	ne C	Dffice sou	jht		Office held		
	expenditure to benefit C/OI	Н			·					

	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement     Solicitation/Fundraising Expense       Overhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       JSWages/Contract Labor     OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/69 Rpt: 9/74	Menendez, Jose (The Honorable)	00042411
4 Date	5 Payee name	
05/24/2023	AT&T	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$310.84	P.O. Box 105414	
	Atlanta, GA 30348	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Phone and internet fee for officeholder and campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held
Date	Payee name	
06/26/2023	AT&T	
Amount (\$)	Payee address; City; State; Zip	Code
\$310.84	P.O. Box 105414	
	Atlanta, GA 30348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	<ul> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Monthly fee for phone and internet service</li> </ul>
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O		ought Once heid
Data		
Date 02/04/2023	Payee name Accu Print	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,362.13	3503 Crosspoint	
	San Antonio, TX 78217	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		First half payment on Officeholder/campaign lunch
		totes.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held

			EXPENDIT	JRE CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	als Expense	Office Ove Polling Exp Printing Ex Salaries/W		I/Rental Expense       Transportation Equipment & Related Expense         e       Travel in District         e       Travel Out of District         /Contract Labor       OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FII		-		•	3 Filer ID	(Ethics Commission Filers)		
-	Sch: 5/69 Rpt: 10/74		nendez, Jose (The Ho	norable)			00042411			
4	Date 02/09/2023		vee name cu Print							
6	Amount (\$) \$2,004.91	\$2,004.91 3503 Crosspoint								
		Sa	n Antonio, TX 78217							
8	PURPOSE OF EXPENDITURE		egory (See Categories listed vertising Expense	at the top of this sch	edule)	Check if Austin	outside of Texas. Con n, TX, officeholder livin payment on Off			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	(	Office sou	ht	Office h	eld		
	Date	Pa	/ee name							
	06/12/2023	An	nazon							
_	Amount (\$)	Pa	vee address; City;	State	; Zip Co	le				
	\$252.03		0 Terry Ave N attle, WA 98109							
	PURPOSE OF EXPENDITURE		egory (See Categories listed ent Expense	at the top of this sch	edule)	Check if Austin	outside of Texas. Con n, TX, officeholder livin, Pride Parade			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht	Office h	eld		
	Date	Pa	/ee name							
	06/13/2023		nazon							
	Amount (\$) \$16.15		vee address; City; D Terry Ave N	State	; Zip Co	le				
			attle, WA 98109							
	PURPOSE OF EXPENDITURE		egory (See Categories listed ent Expense	at the top of this sch	edule)	Check if Austin	outside of Texas. Con n, TX, officeholder livin Pride Parade			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ht	Office h	eld		

			EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials ttee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/69 Rpt: 11/74		enendez, Jose (The Honc	rable)				00042411		
4	Date 06/21/2023		ayee name nazon							
6	Amount (\$)	<b>7</b> Pá	ayee address; City;	State;	; Zip Co	le				
	\$129.29	\$129.29 410 Terry Ave N Seattle, WA 98109								
8	PURPOSE	(a) C		o top of this coh	odulo)	(b) Description				
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense       Supplies for Pride Parade									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office souç	ht		Office he	ld	
	Date	Pá	ayee name							
	06/22/2023	A	mazon							
	Amount (\$)	Pá	ayee address; City;	State;	; Zip Co	le				
	\$491.57		0 Terry Ave N eattle, WA 98109							
	PURPOSE OF EXPENDITURE	Event Events								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office sou	ht		Office he	ld	
	Date	Pá	ayee name							
	06/23/2023		mazon							
	Amount (\$) \$83.80		ayee address; City; .0 Terry Ave N	State;	; Zip Coo	le				
		S	eattle, WA 98109							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the context of th	ne top of this sch	nedule)		ι, TX,	ide of Texas. Comp , officeholder living de Parade		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Dffice sou	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E ee Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FII		•		•	3	Filer ID	(Ethics Commission Filers)
1	Sch: 7/69 Rpt: 12/74		enendez, Jose (The Honor	able)			1	00042411	
4	Date 06/24/2023		yee name 1azon						
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State	; Zip Co	10			
U	\$539.89	\$539.89 410 Terry Ave N Seattle, WA 98109							
8	PURPOSE	(a) Co	togon			(b) Decoription			
0	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Event Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Pride Parade</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Pa	yee name						
	06/22/2023	An	derson Supplies						
	Amount (\$)	Pa	yee address; City;	State;	; Zip Co	le			
	\$819.29		75 White Bear Parkway nite Bear Lake, MN 55110						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the ent Expense	e top of this sch	edule)		n, TX,	officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Pa	yee name						
	01/13/2023		stin Property Managemen	t					
-	Amount (\$)	Pa	yee address; City;	State:	; Zip Co	le			
	\$1,106.46	10	05 Congress Avenue						
		Su	ite 925						
			stin, TX 78701						
-	PURPOSE					(b) Description			
	OF		tegory (See Categories listed at the ntal	top of this sch	edule)	Check if travel	n, TX, ent a	officeholder living and rental of	plete Schedule T. 9 expense • one bedroom rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office sou	Jht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 8/69 Rpt: 13/74	Menendez, Jose (The Honorable)	00042411					
4	Date 02/07/2023	Payee name Capitol Grill						
6	Amount (\$) \$62.00	Payee address; City; State; Zip Code 1400 Congress Avenue Austin, TX 78701						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for officeholder and staff								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/19/2023	Capitol Grill						
	Amount (\$) \$8.96	Payee address; City; State; Zip Code 1400 Congress Avenue Austin, TX 78701						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense d snack for officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/27/2023	Capitol Grill						
	Amount (\$) \$12.26	Payee address;City;State;ZipCode1400 Congress Avenue						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense rerage for officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Exp Salaries/M	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 9/69 Rpt: 14/74		Menendez, Jose (The Honorable)				00042411	
4	Date	5	Payee name					
	04/28/2023		Capitol Grill					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$15.71		1400 Congress Avenue					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF	Ľ	Food/Beverage Expense	euule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, officeholder living expense	
					Food and be	ver	age for officeholder.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	05/03/2023		Capitol Grill					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$9.50		1400 Congress Avenue	1				
	+0.00							
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
					Beverage for		, officeholder living expense	
					Develage for	UII		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht		Office held	
	expenditure to benefit C/OI			mee sou	grit		Office field	
_	Data	_						
	Date 05/09/2023		Payee name Capitol Grill					
			-					
	Amount (\$)			Zip Co	de			
	\$13.44		1400 Congress Avenue					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense age for officeholder.	
						101	age for onicendider.	
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	aht		Office held	
	expenditure to benefit C/OI			2000 SUU	gin			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILEF	R NAME				3	Filer ID (Ethics Commission Filers	;)	
	Sch: 10/69 Rpt: 15/74		endez, Jose (The Honora	able)				00042411		
4	Date	Paye	e name							
	05/11/2023	Capi	ol Grill							
6	Amount (\$)	-	e address; City;	State;	Zip Coo	le				
	\$19.55	1400	Congress Avenue							
		Austi	n, TX 78701							
8	PURPOSE OF		Ory (See Categories listed at the	top of this sche	edule)	<b>b)</b> Description				
	EXPENDITURE	Food	/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
								age for officeholder.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O									
	Date	Paye	e name							
	05/12/2023	Capi	ol Grill							
Amount (\$) Payee address; City; State; Zip Code										
	\$23.00 1400 Congress Avenue									
			<b>J</b>							
		Austi	n, TX 78701							
	PURPOSE OF EXPENDITURE					outside of Texas. Complete Schedule T. n, TX, officeholder living expense Verage for officeholder.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	Office soug	ht		Office held		
	Date	Paye	e name						_	
	05/13/2023	-	ol Grill							
	Amount (\$)	Paye	address; City;	State;	Zip Coo	le				
	\$6.79		Congress Avenue							
			0							
		Austi	n, TX 78701							
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the /Beverage Expense	top of this sche	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ficeholder.		
-	Complete ONLY if direct	Candid	ate/Officeholder name	0	Office soug	ht		Office held		
	expenditure to benefit C/OI	Curiulu		0						
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental E: Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract I	xpense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Labor         OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 11/69 Rpt: 16/74	Menendez, Jose (The Honorable) 00042411								
4	Date 05/17/2023	Payee name Capitol Grill								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$9.50	1400 Congress Avenue Austin, TX 78701								
8	PURPOSE	Category (a. a. the transmission of the transm	ation							
5	OF	Food/Beverage Expense								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Payee name								
	05/20/2023	Capitol Grill								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.21	1400 Congress Avenue Austin, TX 78701								
	PURPOSE OF EXPENDITURE		otion :k if travel outside of Texas. Complete Schedule T. :k if Austin, TX, officeholder living expense and beverage for officeholder.							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/23/2023	Capitol Grill								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$10.58	1400 Congress Avenue								
		Austin, TX 78701								
	PURPOSE OF EXPENDITURE		otion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense and beverage for officeholder.							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comr	-		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 5 how to complete this form.			Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 12/69 Rpt: 17/74		Menendez, Jose (The Honorable) 00042411								
4	Date	5 F	Payee name								
	05/20/2023		Central Market								
6	Amount (\$)	<b>7</b> F	Payee address; City; State; Zip Code								
	\$206.66	4	001 N. Lamar								
		4	Austin, TX 78756								
8	PURPOSE		Category (See Categories listed at the top	o of this sche	edule)	b) Description					
	OF EXPENDITURE	F	ood/Beverage Expense					de of Texas. Comple			
								officeholder living e	f during session.		
								חטבו מווע זומו	ruuning session.		
9	Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Candidate/Officeholder name     Office sought     Office held								d		
	Date	F	ayee name								
	05/27/2023		Central Market								
	Amount (\$)	F	ayee address; City;	State:	Zip Coo	e					
	\$148.08 4001 N. Lamar										
	φ1+0.00										
	DUDDOOF	<b> </b>	Austin, TX 78756			<b>I</b> N					
	PURPOSE OF		Category (See Categories listed at the top	o of this sche	edule)	b) Description	outsi	de of Texas. Compl	ete Schedule T		
	EXPENDITURE		ood/Beverage Expense					officeholder living e			
									Iff during session.		
									5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	0	Office soug	ht		Office held	d		
	Date	F	ayee name								
	05/20/2023		Central Market								
	Amount (\$)	F	Payee address; City;	State:	Zip Coo	e					
	\$43.79		001 N. Lamar	o tato,	p 000						
	φ-0.10		oor n. Lama								
			Austin, TX 78756								
	PURPOSE OF		Category (See Categories listed at the top	o of this sche	edule)	b) Description	ou:+- <sup>,</sup>	do of Toylog Orac '	oto Sobodulo T		
	EXPENDITURE	F	ood/Beverage Expense					de of Texas. Comple officeholder living e			
						Snacks for C			Aponso		
							արո	or onloc			
	Complete ONLY if direct		ndidate/Officeholder name	0	Office soug	ht		Office hel	d		
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER N	JAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/69 Rpt: 18/74		dez, Jose (The Honora	ble)				00042411	
4	Date	Payee r	ame				1		
	01/28/2023		dvocates of San Anton	io					
6	Amount (\$)	Payee a	ddress; City;	State; Zip	Code				
-	\$52.07	-	. WW White oad	, F					
		San Ar	itonio, TX 78222						
8	PURPOSE				(h)	Description			
ľ	OF		Y (See Categories listed at the to outions/Donations Made				outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		ate/Officeholder/Politic			Check if Austin	n, TX,	, officeholder living	expense
						Monthly dona	atio	n	
9	Complete ONLY if direct	Candidat	e/Officeholder name	Offices	ought			Office he	eld
	expenditure to benefit C/OH								
	Date	Payee r	name						
	02/27/2023	Child A	dvocates of San Anton	io					
Amount (\$) Payee address; City; State; Zip Code									
	\$52.07 1956 S. WW White oad								
		San Ar	itonio, TX 78222						
	PURPOSE	a) Catego	Y (See Categories listed at the to	on of this schedule)	(b)	Description			
	OF EXPENDITURE		utions/Donations Made				outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE	Candid	ate/Officeholder/Politic	al Committee				, officeholder living	l expense
						Monthly Don	atio	n	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Office s	ought			Office he	eld
_									
	Date	Payee r							
	02/28/2023	,	Leon Valley						
	Amount (\$)	Payee a		State; Zip	Code				
	\$250.00	6400 E	l Verde Road						
		Leon V	alley, TX 78238		_				
	PURPOSE		Y (See Categories listed at the t		(b)	Description			
	EXPENDITURE		utions/Donations Made						
		Candid	ate/Officenoider/Politic	al Committee					
						Sonation IO	_a		y Duy
-	Complete ONLY if direct	Candidat	e/Officeholder name	Office	ouaht			Office he	h
	expenditure to benefit C/OF	Junulual	e, emechoider nume	Onices	Sugn			Childe He	
	OF EXPENDITURE	Contrib Candic		e By		Check if travel Check if Austin Donation for	n, TX	ide of Texas. Com , officeholder living rthwise Livin Office he	g Day

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursem       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       mittee     Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 14/69 Rpt: 19/74	Menendez, Jose (The Honorable) 00042411							
4	Date 01/18/2023	5 Payee name CostCo							
6	Amount (\$)	Payee address; City; State; Zip Code							
•	\$31.77	15330 I-35N Selma, TX 78705							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descriptio	n						
	OF EXPENDITURE	Transportation Equipment & Related							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	02/08/2023	CostCo							
	Amount (\$) \$26.55	Payee address; City; State; Zip Code 15330 I-35N							
		Selma, TX 78705							
	PURPOSE OF EXPENDITURE	Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Contract of the office held						
⊨	Date	Payee name							
	02/15/2023	CostCo							
	Amount (\$) \$24.66	Payee address; City; State; Zip Code 15330 I-35N							
		Selma, TX 78705							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descriptio							
	EXPENDITURE	Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense fficeholder/campaign vehicle.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 15/69 Rpt: 20/74	Menendez, Jose (The Honorable) 00042411							
4	Date 02/16/2023	5 Payee name CostCo							
6	Amount (\$)	ayee address; City;	State; Zip Co	ode					
	\$24.66	15330 I-35N Selma, TX 78705							
8	PURPOSE	ategory (See Categories lister	at the top of this schedule)	(b) Description					
	OF EXPENDITURE	Transportation Equipment & Related							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	ayee name							
	02/21/2023	ostCo							
	Amount (\$) \$34.92	ayee address; City; 5330 I-35N	State; Zip Co	ode					
		elma, TX 78705							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed ransportation Equipme xpense		Check if Austin	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	e Office sou	ight	Office held				
	Date	ayee name							
	02/28/2023	ostCo							
	Amount (\$) \$32.04	ayee address; City; 5330 I-35N	State; Zip Co	ode					
		elma, TX 78705							
	PURPOSE OF	ategory (See Categories listed		(b) Description					
	EXPENDITURE	ransportation Equipme xpense	nt & Related	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense eholder/campaign vehicle.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	e Office sou	ight	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 16/69 Rpt: 21/74	Menendez, Jose (The Honorable) 00042411							
4	Date 03/16/2023	5 Payee name CostCo							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$42.21	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>15330 I-35N</li> <li>Selma, TX 78705</li> </ul>							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	03/28/2023	CostCo							
	Amount (\$) \$48.06	Payee address; City; State; Zip Code 15330 I-35N							
		Selma, TX 78705							
	PURPOSE OF EXPENDITURE	Expense	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas for officeholder/campaign vehicle.</li> </ul> </li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
⊨	Date	Payee name							
	03/30/2023	CostCo							
	Amount (\$) \$53.19	Payee address; City; State; Zip Code 15330 I-35N							
		Selma, TX 78705							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	Leuteide of Touron Committee Calenduite T						
	EXPENDITURE	Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense eholder/campaign vehicle.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 17/69 Rpt: 22/74	Menendez, Jose (The Honorable) 00042411							
4	Date 06/15/2023	ayee name ostCo							
6	Amount (\$)	ayee address; City; State; Zip Code							
	\$31.77	Payee address; City; State; Zip Code 15330 I-35N Selma, TX 78705							
•	PURPOSE		Description						
8	OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas for officeholder/campaign vehicle.</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						
	Date	ayee name							
	06/28/2023	ostCo							
	Amount (\$) \$22.59	ayee address; City; State; Zip Code 5330 I-35N							
		elma, TX 78705							
	PURPOSE OF EXPENDITURE	ransportation Equipment & Related xpense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						
	Date	ayee name							
	04/18/2023	ostCo							
	Amount (\$) \$52.02	ayee address; City; State; Zip Code 5330 I-35N							
		elma, TX 78705							
	PURPOSE OF EXPENDITURE	ransportation Equipment & Related xpense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						

	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     Loan Repayment/Reimburs       Fees     Office Overhead/Rental Exp       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract La       The Instruction Guide explains how to complete this for				I/Rental Expense e /Contract Labor		Travel in District Travel Out of Di	Equip t istrict	ment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(E	thics Commission Filers)
	Sch: 18/69 Rpt: 23/74		Menendez,	Jose (1	The Honorat	ole)					00042411		
4	Date	5	Payee name										
	04/07/2023		Costco- Ky	le									
6	Amount (\$)	7	Payee addre	ess; (	City;	State;	Zip Co	de					
	\$19.44		19086 IH-3	5									
			Kyle, TX 78	3640									
8	PURPOSE	(a)	Category (S	ee Categor	ies listed at the to	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		-	tion Equ	ipment & R	elated					de of Texas. Com	•	
			Expense						Gas for office		officeholder living		
											uon oumpu	.g	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH													
	Date		Payee name										
04/13/2023 Costco- Kyle													
	Amount (\$)		Payee addre	ss; (	City;	State;	Zip Co	de					
	\$42.66 19086 IH-35												
			Kyle, TX 78	3640									
	PURPOSE OF EXPENDITURE	(a)			ies listed at the top lipment & Ro		edule)		Check if Austin	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense as for officeholder/campaign vehicle.			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				ght	t Office held						
	Date		Payee name										
	04/24/2023		Costco- Ky										
	Amount (\$)		Payee addre	ss; (	City;	State;	Zip Co	de					
	\$48.33		19086 IH-3	5									
			Kyle, TX 78	3640									
	PURPOSE OF	(a)			ies listed at the to		edule)	(b)	Description				
	EXPENDITURE		Transportat Expense	tion Equ	iipment & R	elated				, TX,	de of Texas. Com officeholder living der/campai	g exp	bense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholde	r name	C	)ffice sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials I Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 19/69 Rpt: 24/74		Menendez, Jose (The Hono	rable)				00042411		
4	Date	5	Payee name							
	05/09/2023		Costco- Kyle							
6	Amount (\$)	7	Payee address; City;	State:	; Zip Coo	e				
-	\$39.15		19086 IH-35	,	, 1					
			Kyle, TX 78640							
8	PURPOSE	(2)				b) Decemination				
ľ	OF	(a)	Category (See Categories listed at th Transportation Equipment &		edule)	b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Expense	Related				, officeholder living expense		
						Gas for office	eho	lder/campaign vehicle.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office soug	ht		Office held		
	Date		Payee name							
	05/11/2023		Costco- Kyle							
Amount (\$) Payee address; City; State; Zip Code										
	\$33.39 19086 IH-35									
			Kyle, TX 78640							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Transportation Equipment & Expense		iedule)	Check if Austin	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense iceholder/campaign vehicle.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	05/12/2023		Costco- Kyle							
_	Amount (\$)		Payee address; City;	State:	; Zip Coo	e				
	\$37.62		19086 IH-35	,	, 1					
			Kyle, TX 78640							
	PURPOSE OF	(a)	Category (See Categories listed at th		edule)	b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Transportation Equipment & Expense	Related				c, officeholder living expense		
								lder/campaign vehicle.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office held		
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Dverhead/Rental Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 20/69 Rpt: 25/74	Menendez, Jose (The Honorable) 00042411							
4	Date	Payee name							
	06/27/2023	Costco- Kyle							
6	Amount (\$) \$52.09	7 Payee address; City; State; Zip Code 19086 IH-35 Kyle, TX 78640							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Expense Gas for officeholder/campaign vehicle.							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	01/07/2023	Costco							
	Amount (\$) \$47.80	Payee address; City; State; Zip Code 5611 UTSA Boulevard San Antonio, TX 78249							
	PURPOSE OF EXPENDITURE	Expense Check if Austi	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense iceholder/campaign vehicle						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/20/2023	Costco							
	Amount (\$) \$44.59	Payee address; City; State; Zip Code 5611 UTSA Boulevard							
		San Antonio, TX 78249							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	Louteido of Toyoo, Complete Sebedulo T						
	EXPENDITURE	Expense Check if Austi	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense eholder/campaign vehicle.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemu Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 21/69 Rpt: 26/74	Menendez, Jose (The Honorable)							
4	Date 01/25/2023	Payee name Costco							
_									
0	Amount (\$) \$46.35	Payee address; City; State; Zip Code 5611 UTSA Boulevard							
		San Antonio, TX 78249							
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 Gas for officeholder/campaign vehicle.								
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held Office held								
	Date	Payee name							
	01/27/2023	Costco							
	Amount (\$) \$36.99	Payee address; City; State; Zip Code 5611 UTSA Boulevard San Antonio, TX 78249							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Transportation Equipment & Related Check if the Check if A	avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Ficeholder/campaign vehicle.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/03/2023	Costco							
	Amount (\$) \$44.96	Payee address; City; State; Zip Code 5611 UTSA Boulevard							
		San Antonio, TX 78249							
	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 Gas for officeholder/campaign vehicle.								
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees         Office Overhead/Rental Expense         Th           Food/Beverage Expense         Polling Expense         Th           By -         Gift/Awards/Memorials Expense         Printing Expense         Th					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 22/69 Rpt: 27/74		Menendez, Jose (The Honorable)					00042411
4	Date 03/09/2023		Payee name Costco					
6	Amount (\$) \$45.81		Payee address; City; Sta 5611 UTSA Boulevard San Antonio, TX 78249	ate; Zip Co	ode			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Transportation Equipment & Related Expense		(b)	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ider/campaign vehicle.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	04/29/2023		Costco					
	Amount (\$) \$51.75		Payee address; City; Sta 5611 UTSA Boulevard San Antonio, TX 78249	ate; Zip Cc	ode			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Transportation Equipment & Related Expense		(b)	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ider/campaign vehicle.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	06/23/2023		Costco					
	Amount (\$) \$45.09		Payee address; City; Sta 5611 UTSA Boulevard	ate; Zip Co	ode			
			San Antonio, TX 78249		1			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Transportation Equipment & Related Expense		(b)	Check if Austin	I, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ider/campaign vehicle.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 23/69 Rpt: 28/74	Menendez, Jose (The Honorable)	00042411						
4	Date	5 Payee name							
	05/13/2023	Door Dash							
6	Amount (\$) \$277.87	7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	Check if Austin,	uutside of Texas. Complete Schedule T. TX, officeholder living expense Pholder and staff						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/15/2023	Door Dash							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$298.49	901 Market Street 6th Floor San Francisco, CA 94103							
	BUBBOCE								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ceholder and staff during session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/30/2023	Door Dash							
	Amount (\$) \$263.30	Payee address; City; State; Zip Code 901 Market Street 6th Floor							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense eholder and staff during Session.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)						
	Sch: 24/69 Rpt: 29/74	Menendez, Jose (The Honorable)	00042411						
4	Date 06/21/2023	5 Payee name Door Dash							
6	Amount (\$) \$95.97	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>901 Market Street 6th Floor</li> <li>San Francisco, CA 94103</li> </ul>							
8	PURPOSE OF EXPENDITURE	Check if Austin, T	itside of Texas. Complete Schedule T. 'X, officeholder living expense reholder and staff.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/21/2023	Door Dash							
	Amount (\$) \$46.29	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Itside of Texas. Complete Schedule T. "X, officeholder living expense taff and officeholder.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/23/2023	Door Dash							
	Amount (\$) \$274.33	Payee address; City; State; Zip Code 901 Market Street 6th Floor							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. X, officeholder living expense meeting.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lat The Instruction Guide explains how to complete this form	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 25/69 Rpt: 30/74	Menendez, Jose (The Honorable)	00042411						
4	Date	Payee name							
	03/21/2023	ERenterplan							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$166.00	7585 Irvine Center Drive, Suite 200							
		Irvine, CA 92618							
8	PURPOSE	) Category (See Categories listed at the top of this schedule) (b) Description	on						
	OF		f travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		f Austin, TX, officeholder living expense						
			nsurance for 1 bedroom rental in Austin						
		during s	ession.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/27/2023	Fairmont Hotel Austin							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$796.18	101 Red River Street							
	\$100.10								
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		D <b>N</b> f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense						
		Hotel ex	pense while in Austin for session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/25/2023	Fairmont Hotel Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$260.11	101 Red River Street							
		Austin, TX 78701							
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)							
	EXPENDITURE		f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense						
			pense during session						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	Canada Control Control Control Sought							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 26/69 Rpt: 31/74		Menendez, Jose (Th	e Honorable)				00042411				
4	Date	5	Payee name									
	04/06/2023		Fairmont Hotel Austin	ו								
6	Amount (\$)	7	Payee address; Cit	y; State;	; Zip Co	le						
	\$205.98		101 Red River Street									
			Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories			(b) Description						
Ū	OF	(,	Hotel Expense	listed at the top of this sch	eaule)		outsi	de of Texas. Compl	lete Schedule T.			
	EXPENDITURE							officeholder living e				
						Hotel expens	e v	hile in Austin	n for session			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame C	Office sou	Jht		Office hel	d			
	Date		Payee name									
	04/10/2023		Fairmont Hotel Austin	า								
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	le						
	\$543.37		101 Red River Street		•							
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Hotel expense					de of Texas. Compl				
						Check if Austin, TX, officeholder living expense Hotel expense in Austin during session						
						Hotel expens	ie ir	i Austin durin	ig session			
			Condidate (Office helder a			- la 4		Office hel	4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame C	Office sou	Jur		Once her	u			
_		i –										
	Date		Payee name									
	06/15/2023		Fairmont Hotel Austi									
	Amount (\$)		Payee address; Cit		; Zip Co	le						
	\$736.04		101 Red River Street									
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Hotel expense		ŕ	Check if travel	outsi	de of Texas. Compl	lete Schedule T.			
	EXPENDITORE		·					officeholder living e				
						Hotel expens	ie ir	n Austin durin	ig session			
	Complete ONLY if direct		Candidate/Officeholder n	ame C	Office sou	Jht		Office hel	d			
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           e By -         Gift/Awards/Memorials Expense         Printing Expense         T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	)			
	Sch: 27/69 Rpt: 32/74		Menendez, Jose (The Honora	able)				00042411				
4	Date	5	Payee name									
	04/29/2023		Fairmont Hotel Austin									
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le						
	\$937.11		101 Red River Street									
			Austin, TX 78701									
_					i							
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description						
	EXPENDITURE		Hotel Expense					ide of Texas. Complete Schedule T.				
							Check if Austin, TX, officeholder living expense Hotel expense during session					
						noter experie						
_	Complete ONIL V if direct		Sandidata (Office halder name						_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office soug	m		Office held				
	Date		Payee name									
	05/08/2023		Fairmont Hotel Austin									
	Amount (\$)		Payee address; City;	State	; Zip Coo	le						
	\$1,392.76		101 Red River Street		· •							
	\$1,002110											
			Austin, TX 78701									
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Hotel Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						Hotel expens	se c	during the Session				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	lht		Office held				
	expenditure to benefit e/or											
	Date		Payee name									
	05/11/2023		Fairmont Hotel Austin									
	Amount (\$)		Payee address; City;	State	; Zip Coo	le						
	\$205.98		101 Red River Street		· •							
			Austin, TX 78701									
-	PURPOSE	(a)	Category (See Categories listed at the	ton of this ech	redule)	(b) Description						
	OF	Ľ	Hotel expense		iculic)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	n, TX	, officeholder living expense				
						Hotel expens	se ii	n Austin during session				
	Complete ONLY if direct		Candidate/Officeholder name	(	Office sou	ht		Office held				
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           By -         Gift/Awards/Memorials Expense					Solicitation/Fund Transportation E Travel in District Travel Out of Di OTHER (enter a	Equipment of strict	& Related Expense		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)
	Sch: 28/69 Rpt: 33/74		Menendez,	Jose (The Hon	orable)					00042411		
4	Date	5	Payee name									
	05/26/2023		Fairmont Ho	tel Austin								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$4,307.08		101 Red Riv	er Street								
			Austin, TX 7	8701								
8	PURPOSE	(a)					(h) D	escription				
Ŭ	OF	(4)	Hotel Expen	e Categories listed at	the top of this sch	iedule)	(0) D F	- '	outsic	de of Texas. Con	plete Sche	dule T.
	EXPENDITURE			30			F			officeholder livin		
							Η	lotel Expens	e d	uring sessi	on	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	06/02/2023		Fairmont Ho	tel Austin								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$628.20		101 Red Riv									
	+0-00		2021100.111	0.000								
			Austin, TX 7	8701								
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	nedule)	(b) D	escription				
	EXPENDITURE		Hotel Expen	se			Ļ			de of Texas. Con		dule T.
									ustin, TX, officeholder living expense ense in Austin during Session			
									C III	i Austin uui	ing Ses	3011
	Complete ONLY if direct	Ľ	Candidate/Offic	eholder name		Office sou	nht			Office h	old	
	expenditure to benefit C/OI					Since Sou	Jiii			Office II	ciu	
_		1										
	Date		Payee name									
	06/03/2023		Fairmont Ho									
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$61.96		101 Red Riv	er Street								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	<b>(b)</b> D	escription				
	OF EXPENDITURE		Hotel expense			ŕ	E	_		de of Texas. Con		dule T.
	EXPENDITORE									officeholder livin		
							H	lotel expense	e in	Austin dur	ing Ses	sion
	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Th           Food/Beverage Expense         Polling Expense         Th           By -         Gift/Awards/Memorials Expense         Printing Expense         Th					Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	)
	Sch: 29/69 Rpt: 34/74		Menendez, Jose (	The Honorable	)				00042411		
4	Date	5	Payee name								
	01/11/2023		Flower Child Rest	aurant							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	e				
	\$196.09		500 W 2nd St Su	te 133							
			Austin, TX 78701								
8	PURPOSE						b) Description				_
ľ	OF		Category <sub>(See Catego</sub> Food/Beverage E		this schedu	ule)	b) Description Check if travel	outsi	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE		FUUU/Deverage E	kpense					, officeholder living		
							Food for offic	ceho	older and sta	aff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name	Offi	ice soug	ht		Office h	eld	
	Date		Payee name								-
	05/03/2023		Flower Child Rest	aurant							
					<u></u>	7. 0. 1					_
	Amount (\$)		Payee address;	City;	State; 2	Zip Cod	e				
	\$101.61		500 W 2nd St Su	te 133							
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Catego	ries listed at the top of	this schedu	ule) (	b) Description				
	OF EXPENDITURE		Food/Beverage E	kpense						nplete Schedule T.	
									, officeholder living		
							Lunch for off	icer	holder and s	itaff.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offi	ice soug	ht		Office h	eld	
	Date		Payee name								_
	02/10/2023		Garansuay, Alber	(Mr)							
			-		<u></u>	7					_
	Amount (\$)		Payee address;	City;	State; 2	ΖΙΡ ΟΟΟ	e				
	\$200.00		815 Point Cove								
			Con Antonio TV	20050							
			San Antonio, TX 7								
	PURPOSE OF		Category (See Catego	ries listed at the top of	this schedu	ule)	b) Description				
	EXPENDITURE		Event Expense						ide of Texas. Com , officeholder living	nplete Schedule T.	
							Security for S				
								2000	Jenneart Dal		
		Ľ	and data (Office to 1)		0//				0#51		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offi	ice soug	nı		Office h	eiu	
	,										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ittee Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 30/69 Rpt: 35/74	enendez, Jose (The Honoral	ole)		00042411			
4	Date 05/09/2023	ayee name onzales, Sergio (Mr.)						
6	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$433.00	326 Spring Time						
		an Antonio, TX 78249						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to vent Expense	p of this schedule)	Check if Austin Reimbursem	outside of Texas. Complete Schedule T. , TX, officeholder living expense ent of Carnations for Mother's Day elebration events.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sou	ht	Office held			
	Date	ayee name						
	01/26/2023	unn Infiniti						
	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$896.02	2150 IH-10 West an Antonio, TX 78230						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to ransportation Equipment & R xpense		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense iceholder/campaign vehicle			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held			
	Date	ayee name						
	02/28/2023	unn Infiniti						
	Amount (\$) \$896.02	ayee address; City; 2150 IH-10 West	State; Zip Coo	le				
		an Antonio, TX 78230						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to ransportation Equipment & R xpense		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ceholder/campaign vehicle			
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office soug	ht	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission File	ers)
	Sch: 31/69 Rpt: 36/74		Menendez, Jose (The Honorable)				00042411	
4	Date	5	Payee name					
	03/28/2023		Gunn Infiniti					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le			
	\$896.02		12150 IH-10 West					
			San Antonio, TX 78230					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related	,		outs	side of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				K, officeholder living expense	
			Monthly lease on officeholder/campaign ve					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	04/26/2023		Gunn Infiniti					
	Amount (\$)		Payee address; City; State;	; Zip Co	le			
	\$896.02		12150 IH-10 West					
			San Antonio, TX 78230					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.	
			Expense				K, officeholder living expense	
					Monthly leas	e o	n officeholder/campaign vehicle	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	uht		Office held	
	expenditure to benefit C/Oł				jiit		Office field	
-	Date		Payee name					
	05/26/2023		Gunn Infiniti					
_				; Zip Co				
	Amount (\$) \$896.02		Payee address; City; State; 12150 IH-10 West	, Zip Cu	Je			
	\$090.0Z		12130 IH-10 West					
			San Antonio, TX 78230					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.	
			Expense				K, officeholder living expense	
					wonuny leas	e 0	on officeholder/campaign vehicle.	
	Complete ONILV if direct	Ļ	Candidate/Officeholder name	Office sou	uht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Sure Sou	ji it			
-								

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Poling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 32/69 Rpt: 37/74	Menendez, Jose (The Honorable)	00042411						
4	Date	5 Payee name							
	06/27/2023	Gunn Infiniti							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$896.02	12150 IH-10 West							
		San Antonio, TX 78230							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
-	OF		Itside of Texas. Complete Schedule T.						
	EXPENDITURE		TX, officeholder living expense						
Monthly lease on officeholder/campaign vehic									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/15/2023	HEB							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$291.00	1000 East 41 St.							
		Austin, TX 78751							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.						
			Check if Austin, TX, officeholder living expense Snacks and food for Capitol office.						
			ou for capitor once.						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/Oł								
	Date	Pavee name							
	06/26/2023	HEB Leon Springs							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$103.84	24165 IH-10 West							
	φ105.04	24103 III-10 West							
		San Antonio, TX 78257							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		Itside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Shacks and be	everages for District office						
		Condidate/Officeholder.nort							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGOR	RIES FOF	R BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Exp Salaries/W	rhead pense (pens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 33/69 Rpt: 38/74		Menendez, Jose (The Honorable)					00042411			
4	Date	5	Payee name								
	05/25/2023		HEB-Hancock								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$399.94		1000 East 41st Street								
			Austin, TX 78751								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
								officeholder living expense			
						discuss state					
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought         Office held											
	Date		Payee name								
	05/26/2023		HEB-Hancock								
	Amount (\$)		Payee address; City; State;	de							
	\$137.26		1000 East 41st Street	·							
			Austin, TX 78751								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
								older and staff during Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			
	Date	Γ	Payee name								
	05/23/2023		HEB								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$233.58		2301 S. Congress Avenue								
			Austin, TX 78204								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description	outoi	de ef Teures, Complete Cabadula T			
	EXPENDITURE		Food/Beverage Expense			Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense s for officeholder and staff during			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			

			EXPENDITURE CAT	EGO	RIES FOR	во	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	rhead lense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME					3	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 34/69 Rpt: 39/74		Menendez, Jose (The Honorable	)					00042411				
4	Date	5	Payee name										
	06/01/2023		Harold's Art & Framing										
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de							
	\$232.42		2743 Roosevelt Ave.										
			San Antonio, TX 78214										
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expense						ide of Texas. Complete Schedule T.				
									, officeholder living expense				
							Framing for c	ons	stituent's resolutions.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office souç	ght			Office held				
	Date		Payee name										
01/05/2023 Hershey, Jeffrey (Mr.)													
Amount (\$) Payee address; City; State; Zip Code													
	\$900.00		4108 Lewis Lane	,	,								
	\$300.00		Unit A										
			Austin, TX 78756										
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b)	Description						
	EXPENDITURE		Rental				Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
									oom during session.				
								our					
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	nht			Office held				
	expenditure to benefit C/OI					<i></i>							
	Date	1	Payee name							_			
	02/07/2023		Hershey, Jeffrey (Mr.)										
	Amount (\$)			State	; Zip Coo					_			
	\$900.00		4108 Lewis Lane	State,	, Zip Cot	Je							
	\$900.00												
			Unit A										
			Austin, TX 78756										
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Austin rental						ide of Texas. Complete Schedule T.				
									, officeholder living expense				
							Une bedroon	ı re	ental during session				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ght			Office held				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Cabadula E1	2 Eller NAME (Ethics Commission Filors)									
1	Total pages Schedule F1: Sch: 35/69 Rpt: 40/74	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Menendez, Jose (The Honorable)       00042411									
1	Date	5 Payee name									
-	03/10/2023	Hershey, Jeffrey (Mr.)									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$915.00	4108 Lewis Lane									
	4010.00										
		Unit A									
		Austin, TX 78756									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Austin rental									
	EXPENDITURE	X Check if Austin, TX, officeholder living expense									
Monthly one bedroom rental during session.											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H									
	Date	Payee name									
	01/13/2023	Juiceland									
_											
	Amount (\$) \$26.22	Payee address; City; State; Zip Code 120 E. 4th St.									
		Austin, TX 78701									
	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									
		Beverages for officeholder.									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H									
-	Date	Pauce name									
	03/23/2023	Payee name									
	03/23/2023	Juiceland									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$10.79	120 E. 4th St.									
		Austin, TX 78701									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		Beverage for officeholder.									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI										

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 36/69 Rpt: 41/74	Menendez, Jose (The Honorable)	00042411					
4	Date 03/31/2023	Payee name Juiceland						
6	Amount (\$) \$12.39	<sup>7</sup> Payee address; City; State; Zip Code 120 E. 4th St. Austin, TX 78701						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Beverage for officeholder.								
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	04/05/2023	Juiceland						
Amount (\$)Payee address;City;State; Zip Code\$23.06120 E. 4th St.								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/06/2023	Juiceland						
	Amount (\$) \$29.80	Payee address;City;State; Zip Code120 E. 4th St.						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense r officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EX	PENDITURE CATEGO	RIES FOR B	OX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa mittee Legal S	everage Expense ards/Memorials Expense	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Transportation E Travel in District Travel Out of Di	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)				
	Sch: 37/69 Rpt: 42/74	Menendez, Jose	(The Honorable)			00042411	, , , , , , , , , , , , , , , , , , ,				
4	Date 05/10/2023	Payee name Juiceland									
6	Amount (\$) \$14.57										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Beverage for officeholder.											
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Payee name									
05/11/2023 Juiceland											
	Amount (\$) \$19.44										
	PURPOSE OF EXPENDITURE		ories listed at the top of this sch	nedule) (b)	Check if Austin	outside of Texas. Com n, TX, officeholder living r <b>officeholder.</b>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name (	Office sought		Office h	eld				
	Date	Payee name									
	05/13/2023	Juiceland									
	Amount (\$) \$13.33	Payee address; 120 E. 4th St.	City; State	; Zip Code							
		Austin, TX 78701									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Beverage for officeholder.											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name d	Office sought		Office h	eld				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 38/69 Rpt: 43/74	Menendez, Jose (The Honorable)	00042411								
4	Date 06/08/2023	Payee name Juiceland									
6	Amount (\$) \$42.56	Payee address;     City;     State;     Zip Code       120 E. 4th St.       Austin, TX 78701									
8	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Beverage for officeholder and staff.</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/09/2023	Juiceland									
	Amount (\$) \$34.28	Payee address; City; State; Zip Code 120 E. 4th St. Austin, TX 78701									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense r officeholder and staff.								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/17/2023	Juiceland									
	Amount (\$) \$12.08	Payee address;City;State;Zip Code120 E. 4th St.									
		Austin, TX 78701									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense • <b>officeholder.</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
-	Sch: 39/69 Rpt: 44/74	Menendez, Jose (The Honorable)	00042411								
4	Date 01/23/2023	Payee name LULAC 4421									
6	Amount (\$) \$350.00										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Sponsorship       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Sponsorship of a table at LULAC Counci Golden Anniversary											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/01/2023	LULAC Council 4947									
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 2539 Hiawatha San Antonio, TX 78210									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense hip for the Mother's Day Luncheon								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/17/2023	Ladies of Valor Empowerment									
	Amount (\$) \$350.00	Payee address;     City;     State;     Zip Code       150 Lawton									
		San Antonio, TX 78237									
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation for Back to School event											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	head/Renta ense pense ages/Contra	act Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	Filer ID	(Ethics Commission Filers	)							
	Sch: 40/69 Rpt: 45/74		Menendez, Jose (The Honoral	ble)					00042411				
4	Date	5	Payee name										
	01/21/2023		Mailchimp										
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le							
	\$92.74		512 Mean Street										
			Alanta, GA 30318										
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Des	cription						
	OF EXPENDITURE		Fees						de of Texas. Com				
									officeholder living	expense			
						Mai	l service f	ee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	Jht			Office he	eld			
	Date		Payee name										
	02/21/2023		Mailchimp										
Amount (\$) Payee address; City; State; Zip Code													
\$92.74 512 Mean Street													
	ψ52.14		Siz Mean Street										
			Alanta, GA 30318										
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Des	cription						
	OF EXPENDITURE		Advertising Expense						de of Texas. Com				
					Check if Austin, TX, officeholder living expense Monthly mail service fee								
						Mor	hthly mail	ser	vice fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	jht			Office he	eld			
-	Date	<u> </u>											
	06/27/2023		Payee name Mailchimp										
			Mailchimp										
	Amount (\$)		Payee address; City;	State	; Zip Co	le							
	\$85.28		512 Mean Street										
			Alanta, GA 30318										
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Des	cription						
	OF EXPENDITURE		Fees						de of Texas. Com				
									officeholder living	expense			
						Mor	hthly Mail	Sei	VICE TEE				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ht		_	Office he	eld			
	expenditure to benefit C/OI	1											

		EXPEN	DITURE CATEGORIES	OR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expens Fees Food/Beverag Gift/Awards/M nittee Legal Services The Instruct	Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	ILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 41/69 Rpt: 46/74	Menendez, Jose (The	Honorable)		-	00042411	
4	Date 02/10/2023	<sup>p</sup> ayee name Martinez, Veronica (N	ls.)				
6	Amount (\$) \$300.00	Payee address; City 210 Audrey Lane Driv San Antonio, TX 7821	e	Code			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         DJ service for Older Adult Sweetheart Dance							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder na	ame Office	sought		Office hel	d
	Date	Payee name					
	06/23/2023	/lichael's Store					
	Amount (\$) \$138.53	Payee address; City 17802 La Cantera Pa San Antonio, TX 7825	rkway	Code			
	PURPOSE OF EXPENDITURE		isted at the top of this schedule)	Chec	k if travel outs k if Austin, TX	ide of Texas. Comp , officeholder living d de Parade	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder na	ame Office	sought		Office hel	d
	Date	Payee name					
	01/25/2023	One Gas Texas					
	Amount (\$) \$70.74	Payee address; City 1301 S. Mopac Expre		Code			
		Austin, TX 78746					
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.         (x) Check if Austin, TX, officeholder living expense       Utility fee for 1 bedroom rental in Austin during session							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder na	ame Office	sought		Office hel	d

			EXPE	DITURE CATEGO	<b>RIES FOR</b>	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					nead/Rental Expense ense ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 F	FILER NAME				3 Filer ID	(Ethics Commission Filers)				
	Sch: 42/69 Rpt: 47/74		/lenendez, Jose (Th	e Honorable)			00042411					
4	Date	5 F	Payee name									
	02/24/2023		One Gas Texas									
6	Amount (\$)	<b>7</b> F	Payee address; Ci	y; State	; Zip Cod	e						
	\$72.03	1	.301 S. Mopac Expr	essway #400								
		Austin, TX 78746										
8	PURPOSE	(a) (	Category (See Categories	listed at the top of this sch	hedule) (	b) Description						
	OF EXPENDITURE	F	ees				outside of Texas. Com	-				
	-						n, TX, officeholder living					
						Othing lee for	one bearoom n	ental during session				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	ame (	Office soug	ht	Office he	eld				
	Date	F	Payee name									
	03/24/2023	(	Dne Gas Texas									
	Amount (\$)	F	Payee address; Ci	v <sup>.</sup> State	; Zip Cod	e						
	\$49.60		.301 S. Mopac Expr		, <u> </u>							
	φ-0.00	-	1001 0. Mopae Expl	cosway #400								
		4	Austin, TX 78746									
	PURPOSE OF	(a) (	Category (See Categories	listed at the top of this sch	hedule)	b) Description						
	EXPENDITURE	F	ees				outside of Texas. Com n, TX, officeholder living	-				
								ental in Austin during				
						session.	one bearbonn i					
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder r	iame (	Office soug	ht	Office he	eld				
	Date	F	Payee name									
	04/24/2023		Dne Gas Texas									
	Amount (\$)	F	Payee address; Ci	y; State	; Zip Cod	e						
	\$33.92		.301 S. Mopac Expr		·							
			Austin, TX 78746									
	PURPOSE	(a) (	Category (See Categories	listed at the top of this set	hedule) (	b) Description						
	OF						outside of Texas. Com	plete Schedule T.				
	EXPENDITURE	·				Check if Austin	n, TX, officeholder living	j expense				
						Utility fee for session	one bedroom r	ental in Austin during				
	0 1. 0	L			0.11							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	lame	Office soug	ht	Office he	eld				

				EXPENDITU	RE CATEGO	RIES FOR	R BO	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab				/Rental Expense e Contract Labor						
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID (Ethics Commission Filers)				
	Sch: 43/69 Rpt: 48/74			Jose (The Hon	orable)					00042411			
4	Date 05/23/2023		Payee name One Gas Te	exas									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de						
0	\$29.17			pac Expresswa		, בוף כס	ue						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if Austin, TX, officeholder living expense Utility fee for one bedroom rental during S								se					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	(	Office sou	ght			Office h	eld		
	Date		Payee name										
	06/22/2023		One Gas Te	exas									
Amount (\$)       Payee address; City; State; Zip Code         \$30.69       1301 S. Mopac Expressway #400         Austin, TX 78746													
	PURPOSE OF EXPENDITURE		Category <sub>(Si</sub> Fees	ee Categories listed at	the top of this sch	hedule)		Check if Austin,	, тх,	de of Texas. Con officeholder livin e for bedroo	g expen		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	(	Office sou	ght			Office h	eld		
-	Date		Payee name										
	01/19/2023		Ord, Julie (I	Ms.)									
	Amount (\$) \$2,300.00		Payee addre 6111 Oakw		State	e; Zip Co	de						
			San Antonio	o, TX 78249									
	PURPOSE OF EXPENDITURE			ee Categories listed at ages/Contract L		hedule)			, тх,	de of Texas. Con officeholder livin <b>rVİCES</b>	•		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	(	Office sou	ght			Office h	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials tee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Transport Travel in I Travel Ou	ation Eq District t of Dist	aising Expense uipment & Related Expense rict ategory not listed above)
1	Total pages Schedule F1:	2 FI	ER NAME				3 Filer ID		(Ethics Commission Filers)
	Sch: 44/69 Rpt: 49/74	М	enendez, Jose (The Hond	orable)			000424	411	
4	Date 03/03/2023		yee name d, Julie (Ms.)						
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State;	Zip Coc	е			
	\$4,600.00		11 Oakwood Trail an Antonio, TX 78249						
	DUDDOCE								
8	PURPOSE OF EXPENDITURE		ttegory (See Categories listed at the alaries/Wages/Contract La		edule)	Check if Austir	outside of Texas n, TX, officeholde I SERVICES f(	er living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office soug	ht	Offi	ce hel	d
	Date	Pa	yee name						
	04/11/2023	O	d, Julie (Ms.)						
	Amount (\$)	Pa	yee address; City;	State;	Zip Coc	e			
	\$2,300.00		11 Oakwood Trail an Antonio, TX 78249						
	PURPOSE OF EXPENDITURE	<b>(a)</b> Ca	itegory (See Categories listed at the allaries/Wages/Contract La		edule)		outside of Texas n, TX, officeholde L SERVICES-A	er living o	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office soug	ht	Offi	ce hel	d
	Date	Pa	yee name						
	05/09/2023		d, Julie (Ms.)						
	Amount (\$)	Pa	yee address; City;	State;	Zip Coc	e			
	\$2,300.00	61	11 Oakwood Trail						
		Sa	an Antonio, TX 78249						
	PURPOSE OF EXPENDITURE		ttegory (See Categories listed at t Alaries/Wages/Contract La		edule)		outside of Texas n, TX, officeholde L Services f	er living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office soug	ht	Offi	ce hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 45/69 Rpt: 50/74	Menendez, Jose (The Honorable)	00042411		
4	Date 06/05/2023	Payee name Ord, Julie (Ms.)			
6	Amount (\$) \$2,300.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>6111 Oakwood Trail</li> <li>San Antonio, TX 78249</li> </ul>			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Services for June		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/23/2023	Oriental Trading Company			
	Amount (\$) \$381.13	Payee address; City; State; Zip Code P.O. Box 2308			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense Pride Event Parade		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/30/2023	Panera Bread			
	Amount (\$) \$236.30	Payee address;City;State;Zip Code2805 Bee Caves Road			
		Austin, TX 78746			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense eholder and staff during session.		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 46/69 Rpt: 51/74	Menendez, Jose (The Honorable)	00042411			
4	Date 01/19/2023	5 Payee name Peterson, Judy				
6	Amount (\$) \$910.37	7 Payee address; City; State; Zip Code 1830 W Summit Ave San Antonio, TX 78201-4934				
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Reimbursement for supplies and wreath for MLK</li> </ul>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/06/2023	Peterson, Judy				
	Amount (\$) \$785.72	Payee address; City; State; Zip Code 1830 W Summit Ave				
	PURPOSE OF EXPENDITURE	Check if Austin, 1 Reimburseme	utside of Texas. Complete Schedule T. TX, officeholder living expense nt for Older Adult Sweetheart Dance Feacher Appreciation events.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
-	Date	Payee name				
	06/22/2023	Politico				
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 835 Woodlawn				
		San Antonio, TX 78212				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense or Officeholder/Campaign vehicle			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 47/69 Rpt: 52/74	Menendez, Jose (The Honorable)	00042411				
4	Date 03/02/2023	5 Payee name Prestige Printing					
6	Amount (\$) \$362.64	7 Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing of Older Adult Sweetheart Dance Flyer					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/09/2023	Pride Center San Antonio, Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,250.00	1303 McCullough Ave					
		Suite 160					
		San Antonio, TX 78212					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense of table at Icon's Brunch event				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
-	Date	Payee name					
	01/30/2023	Quik Trip-Fred. Rd					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$97.38	4710 Fredericksburg Road					
		San Antonio, TX 78229					
	PURPOSE OF EXPENDITURE	Expense	outside of Texas. Complete Schedule T. h, TX, officeholder living expense eholder/campaign vehicle.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 48/69 Rpt: 53/74	Menendez, Jose (The Honorable)	00042411			
4	Date 03/15/2023	Payee name Quik Trip-Fred. Rd				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$49.01	4710 Fredericksburg Road San Antonio, TX 78229				
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Transportation Equipment &amp; Related Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Gas for officeholder/campaign vehicle.</li> </ul> </li> </ul>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/25/2023	Quik Trip-Fred. Rd				
	Amount (\$) \$38.65	Payee address;     City;     State;     Zip     Code       4710     Fredericksburg     Road				
	PURPOSE	San Antonio, TX 78229 Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Transportation Equipment & Related     Check if travel       Expense     Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense eholder/campaign vehicle.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/28/2023	Quik Trip-Fred. Rd				
	Amount (\$) \$77.58	Payee address;     City;     State;     Zip     Code       4710     Fredericksburg     Road				
		San Antonio, TX 78229				
	PURPOSE OF EXPENDITURE	Expense Check if Austir	outside of Texas. Complete Schedule T. h, TX, officeholder living expense eholder/campaign vehicle.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 49/69 Rpt: 54/74	Menendez, Jose (The Honorable)	00042411		
4	Date 06/06/2023	Payee name Quik Trip-Fred. Rd			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$49.49	4710 Fredericksburg Road San Antonio, TX 78229			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	n		
	OF EXPENDITURE	Transportation Equipment & Related       Check in Che	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense officeholder/campaign vehicle.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/27/2023	Quik Trip-Fred. Rd			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.63	4710 Fredericksburg Road San Antonio, TX 78229			
	PURPOSE OF EXPENDITURE	Expense	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense officeholder/campaign vehicle.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/03/2023	RJ Publications LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$800.00	P.O. Box 272			
		Helotes, TX 78023			
	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense hool Baseball Ad and One Act Ad		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Ove Polling Exp xpense Printing Ex	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	ILER NAME		ĺ	<b>3</b> Filer ID (Ethics Commission Filers)	
	Sch: 50/69 Rpt: 55/74	Menendez, Jose (The Honor	able)		00042411	
4	Date 01/05/2023	Payee name Sirius XM				
6	Amount (\$) \$45.29	Payee address; City; P.O. Box 33174 Detroit, MI 48232	State; Zip Co	e		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Radio Service for Officeholder/campai				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held	
	Date	<sup>D</sup> ayee name				
	02/06/2023	Sirius XM				
	Amount (\$)	Payee address; City;	State; Zip Co	e		
	\$45.29	P.O. Box 33174 Detroit, MI 48232				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense D Service fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held	
	Date	<sup>D</sup> ayee name				
	01/17/2023	Starbucks Headquarters				
	Amount (\$) \$35.00	Payee address; City; 2401 Utah Ave. Suite 800	State; Zip Co	е		
		Seattle , WA 98134				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Food/Beverage Expense	e top of this schedule)	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense erage for officeholder.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 51/69 Rpt: 56/74	Menendez, Jose (The Honorable)	00042411				
4	Date 01/18/2023	Payee name Starbucks Headquarters					
6	Amount (\$)	Payee address; City; State; Zip Code					
J	\$20.00	2401 Utah Ave. Suite 800 Seattle , WA 98134					
8	PURPOSE	(b) Description					
0	OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Food and beverage for officeholder.</li> </ul> </li> </ul>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/21/2023	Starbucks Headquarters					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.00	2401 Utah Ave. Suite 800 Seattle , WA 98134					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Verage for officeholder.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
_	Date	Payee name					
	01/25/2023	Starbucks Headquarters					
	Amount (\$) \$30.00	Payee address;City;State; Zip Code2401 Utah Ave. Suite 800					
		Seattle, WA 98134					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Verage for officeholder.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 52/69 Rpt: 57/74	Menendez, Jose (The Honorable)	00042411			
4	Date	Payee name	I			
	01/28/2023	Starbucks Headquarters				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	2401 Utah Ave. Suite 800				
		Seattle , WA 98134				
8	PURPOSE OF	(b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
			verage for officeholder.			
			5			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/01/2023	Starbucks Headquarters				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	2401 Utah Ave. Suite 800				
	DUDDOOF	Seattle , WA 98134				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Verage for officeholder.			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/02/2023	Starbucks Headquarters				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00	2401 Utah Ave. Suite 800				
		Seattle , WA 98134				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense Verage for officeholder.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 53/69 Rpt: 58/74		Menendez, Jose (The Honorable)				00042411
4	Date 02/14/2023	5	Payee name Starbucks Headquarters				
6	Amount (\$) \$15.00	7	Payee address; City; State; 2401 Utah Ave. Suite 800 Seattle , WA 98134	Zip Coo			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)	Check if Austir	, TX	ide of Texas. Complete Schedule T. , officeholder living expense age for officeholder.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	ht		Office held
	Date		Payee name				
	02/18/2023		Starbucks Headquarters				
	Amount (\$) \$15.00		Payee address; City; State; 2401 Utah Ave. Suite 800 Seattle , WA 98134	Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)	Check if Austir	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense age for officeholder.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held
	Date		Payee name				
	04/15/2023		Starbucks Headquarters				
	Amount (\$) \$20.00		Payee address;City;State;2401 Utah Ave. Suite 800	Zip Co	le		
			Seattle , WA 98134				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Transportation Equipment & Related Expense	dule)	Check if Austir	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense age for officeholder.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 54/69 Rpt: 59/74		Menendez, Jose (The Honorable)				00042411
4	Date 04/24/2023	5	Payee name Starbucks Headquarters				
6	Amount (\$) \$10.00	7	Payee address; City; State; 2401 Utah Ave. Suite 800 Seattle , WA 98134	; Zip Co	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense age for officeholder.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held
	Date		Payee name				
	04/25/2023		Starbucks Headquarters				
	Amount (\$) \$10.00		Payee address; City; State; 2401 Utah Ave. Suite 800 Seattle , WA 98134	; Zip Co	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense age for officeholder.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıht		Office held
	Date		Payee name				
	05/03/2023		Starbucks Headquarters				
	Amount (\$) \$15.00		Payee address;City;State;2401 Utah Ave. Suite 800	; Zip Co	le		
			Seattle, WA 98134				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense age for officeholder.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 55/69 Rpt: 60/74	Menendez, Jose (The Honorable)	00042411			
4	Date	Payee name	l			
	05/09/2023	Starbucks Headquarters				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00	2401 Utah Ave. Suite 800				
		Seattle, WA 98134				
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
			, TX, officeholder living expense verage for officeholder.			
			verage for oncertoider.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/13/2023	Starbucks Headquarters				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	2401 Utah Ave. Suite 800				
		Seattle, WA 98134				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense verage for officeholder.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
F	Date	Payee name				
	05/15/2023	Starbucks Headquarters				
-	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	2401 Utah Ave. Suite 800				
		Seattle, WA 98134				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense verage for officeholder.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			

			EXPENDITURE CAT	EGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide exp		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	e
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Fi	lers)
	Sch: 56/69 Rpt: 61/74		Menendez, Jose (The Honorable)	)				00042411	
4	Date	5	Payee name						
	05/16/2023		Starbucks Headquarters						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$15.00		2401 Utah Ave. Suite 800						
			Seattle , WA 98134		i				
8	PURPOSE OF		Category (See Categories listed at the top of	this sch	nedule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T. <, officeholder living expense	
								rage for officeholder.	
								rage for oniceriolaer.	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	yht		Office held	
	Date		Payee name						
	06/02/2023		Starbucks Headquarters						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$35.00		2401 Utah Ave. Suite 800						
			Seattle , WA 98134						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Food/Beverage Expense	this sch	iedule)	Check if Austi	n, TX	side of Texas. Complete Schedule T. <, officeholder living expense rage for officeholder.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	06/03/2023		Starbucks Headquarters						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$15.00		2401 Utah Ave. Suite 800						
			Seattle , WA 98134						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Food/Beverage Expense	this sch	nedule)	Check if Austi	n, TX	side of Texas. Complete Schedule T. <, officeholder living expense rage for officeholder.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 57/69 Rpt: 62/74		Menendez, Jose (The Honorable)				00042411	
4	Date 06/06/2023	5	Payee name Starbucks Headquarters					
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code         \$15.00       2401 Utah Ave. Suite 800         Seattle , WA 98134						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Food and beverage for officeholder.</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	06/07/2023		Starbucks Headquarters					
	Amount (\$) \$15.00		Payee address; City; State; 2401 Utah Ave. Suite 800 Seattle , WA 98134	Zip Co	le			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense age for officeholder.	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	06/08/2023		Starbucks Headquarters					
	Amount (\$) \$15.00		Payee address; City; State; 2401 Utah Ave. Suite 800	Zip Co	le			
			Seattle, WA 98134					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense age for officeholder.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 58/69 Rpt: 63/74		Menendez, Jose (The Honorable)				00042411		
4	Date 06/09/2023	5	Payee name Starbucks Headquarters						
6	Amount (\$) \$25.00	7	7 Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800 Seattle , WA 98134						
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverage for officeholder.						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ht		Office held		
	Date		Payee name						
	06/10/2023		Starbucks Headquarters						
	Amount (\$) \$15.00		2401 Utah Ave. Suite 800	Zip Co	e				
	PURPOSE OF EXPENDITURE	(a)	Seattle , WA 98134 Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense age for officeholder.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ht		Office held		
	Date		Payee name						
	06/12/2023		Starbucks Headquarters						
	Amount (\$) \$30.00		Payee address;City;State;2401 Utah Ave. Suite 800	Zip Coo	le				
			Seattle , WA 98134						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense age for officeholder.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 59/69 Rpt: 64/74	Menendez, Jose (The Honorable)	00042411					
4	Date 06/16/2023	Payee name Starbucks Headquarters						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.00	\$15.00 2401 Utah Ave. Suite 800 Seattle , WA 98134						
0	DUDDOSE							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverage for officeholder.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/17/2023	Starbucks Headquarters						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.00	2401 Utah Ave. Suite 800 Seattle , WA 98134						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/20/2023	Starbucks Headquarters						
	Amount (\$) \$15.00	Payee address;       City;       State;       Zip       Code         2401 Utah Ave.       Suite       800       200       200       200						
		Seattle , WA 98134						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense everage for officeholder.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CAT	EGORIES	FOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Pollir Printi Salar	e Overh ng Expe ing Expe ries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	)
	Sch: 60/69 Rpt: 65/74		Menendez, Jose (The Honorable)	)				00042411	
4	Date	5	Payee name				•		
	06/24/2023		Starbucks Headquarters						
6	Amount (\$)	7	Payee address; City;	State; Zip	Code	9			
	\$15.00		2401 Utah Ave. Suite 800						
		Seattle , WA 98134							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(1	Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense age for officeholder.	
						FUUU aliu be	ven	age for onicendider.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sough	nt		Office held	
	Date		Payee name						
	06/26/2023		Starbucks Headquarters						
	Amount (\$)		Payee address; City;	State; Zip	Code	9			
	\$15.00		2401 Utah Ave. Suite 800						
			Seattle , WA 98134						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(1	Description			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								age for officeholder.	
							ven	age for oncentrater.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office	sough	nt		Office held	
	Date		Payee name						
	06/28/2023		Starbucks Headquarters						
	Amount (\$)		Payee address; City;	State; Zip	Code	ć			
	\$30.00		2401 Utah Ave. Suite 800						
	+00.00								
			Seattle , WA 98134						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(1	Description			
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								age for officeholder.	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office	SOLIDA	nt		Office held	
	expenditure to benefit C/Oł			Chiec	Jugi				
-									

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 61/69 Rpt: 66/74	Menendez, Jose (The Honorable)	00042411					
4	Date 06/30/2023	<ul> <li>Payee name</li> <li>Starbucks Headquarters</li> </ul>						
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code         2401 Utah Ave. Suite 800         Seattle , WA 98134						
8	PURPOSE OF EXPENDITURE	Ecod/Beverage Evnense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/14/2023	Texas Democratic Women						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 301411 Austin, TX 78703						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense he Blue Ribbon Lobby Day					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/18/2023	Texas Public Radio						
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 8401 Datapoint Dr. Suite 800						
		San Antonio, TX 78229						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense tion					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGOR		вс	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		C C	Verage Expense Polling Expense Printing Expense Printing Expense		I/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 62/69 Rpt: 67/74		Menendez, Jose (The Honorable)					00042411			
4	Date	5	Payee name								
	01/23/2023		Texas Public Radio								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$50.00		8401 Datapoint Dr. Suite 800								
	San Antonio, TX 78229										
8	PURPOSE	(2)		I	(h)	Description					
ľ	OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(0)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		Check if Austin	, тх,	officeholder living expense			
						Monthly dona	atio	n			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
⊨	Date		Payee name								
	02/18/2023		Texas Public Radio								
				7:0 00	d a						
	Amount (\$)			Zip Co	de						
	\$50.00		8401 Datapoint Dr. Suite 800								
			San Antonio, TX 78229								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b)	Description					
	OF	ľ	Contributions/Donations Made By	uule)	. ,	·	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		Check if Austin	, TX,	officeholder living expense			
						Monthly Dona	atio	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	ffice sou	ght			Office held			
_		1									
	Date		Payee name								
	02/22/2023		Texas Public Radio								
	Amount (\$)			Zip Co	de						
	\$50.00		8401 Datapoint Dr. Suite 800								
			San Antonio, TX 78229								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By	ŕ		Check if travel	outsi	de of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee										
						Monthly Dona	atio	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght			Office held			

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 63/69 Rpt: 68/74		Menendez, Jose (The Honorable)				00042411
4	Date 04/11/2023		Payee name Texas Public Radio				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$50.00 8401 Datapoint Dr. Suite 800 San Antonio, TX 78229						
8	DUDDOSE	<u> </u>			(b) Description		
0	<ul> <li>B PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly donation to TPR     </li> </ul>						, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	04/18/2023		Texas Public Radio				
	Amount (\$)		Payee address; City; State;	; Zip Co	le		
	\$50.00		8401 Datapoint Dr. Suite 800 San Antonio, TX 78229				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm			, TX,	ide of Texas. Complete Schedule T. , officeholder living expense n to TPR
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	05/18/2023		Texas Public Radio				
	Amount (\$) \$50.00		Payee address; City; State; 8401 Datapoint Dr. Suite 800	; Zip Coo	le		
			San Antonio, TX 78229				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	,		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense N
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Dffice sou	ht		Office held

			EXPENDITURE C	ATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of District	ng Expense ment & Related Expense gory not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	thics Commission Filers)		
	Sch: 64/69 Rpt: 69/74		Menendez, Jose (The Honoral	ole)				00042411			
4	Date	5	Payee name								
	06/20/2023		Texas Public Radio								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$50.00		8401 Datapoint Dr. Suite 800								
			San Antonio, TX 78229								
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule) (	b) Description					
	OF EXPENDITURE		Contributions/Donations Made		,		outsi	ide of Texas. Complete	e Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Politica	al Comm	nittee			, officeholder living exp	ense		
						Monthly dona	atio	n			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	nt		Office held			
	Date		Payee name								
	01/19/2023		Texas Senate								
	Amount (\$)		Payee address; City;	State	; Zip Cod	<u>م</u>					
	\$1,750.00		P.O. Box 12068	otato,	, בוף סטע						
	φ1,750.00		F.O. DOX 12000								
			Austin, TX 78711								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule) (	b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense	se				ide of Texas. Complete			
	-							, officeholder living exp			
						Senale caler	luai	rs for constituer	its.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	nt		Office held			
_	Data	_									
	Date		Payee name Texas Senate								
	05/01/2023		Texas Senale								
	Amount (\$)		Payee address; City;	State;	; Zip Cod	9					
	\$258.75		P.O. Box 12068								
			Austin, TX 78711								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule) (	b) Description	_				
	OF EXPENDITURE		Gift/Awards/Memorials Expens	se				ide of Texas. Complete			
								, officeholder living exp			
						Flags for con events.	stit	uents, for mem	orial or congratulatory		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	nt		Office held			
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comn	-		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 65/69 Rpt: 70/74	N	lenendez, Jose (The Ho	norable)				00042411		
4	Date	5 P	ayee name							
	06/01/2023		exas Senate							
6	Amount (\$)	<b>7</b> P	7 Payee address; City; State; Zip Code							
	\$24.55	F	.O. Box 12068							
		A	ustin, TX 78711							
8	PURPOSE	(a) (	ategory (See Categories listed	at the ten of this cab	odulo) (	b) Description				
	OF		ift/Awards/Memorials Ex		(equie)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living		
						Texas flag fo	or Ec	dgewood IS	D Main office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld	
	Date	P	ayee name							
	06/06/2023	Т	exas Senate							
	Amount (\$)	P	ayee address; City;	State;	; Zip Cod	e				
	\$560.00	F	.O. Box 12068							
		A	ustin, TX 78711							
	PURPOSE	<b>(a)</b> C	ategory (See Categories listed	at the top of this sch	nedule) (	b) Description				
	OF EXPENDITURE		ift/Awards/Memorials Ex						plete Schedule T.	
								officeholder living		
						Senate Gave	eis to	or officenoic	ier's statt	
						L.4		045	- 1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	(	Office soug	nı		Office he	eiu	
		i								
	Date		ayee name							
	04/06/2023		exas Senate							
	Amount (\$)		ayee address; City;	State;	; Zip Cod	e				
	\$40.00	F	.O. Box 12068							
		A	ustin, TX 78711							
	PURPOSE	(a) C	ategory (See Categories listed	at the ton of this sch	nedule) (	b) Description				
	OF EXPENDITURE		ift/Awards/Memorials Ex			Check if travel			plete Schedule T.	
	EXPENDITORE							officeholder living		
						Gavel for Gre President	eate	er San Antor	nio Builders Association	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld	
	p									

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 66/69 Rpt: 71/74	Menendez, Jose (The Honorable)	00042411					
4	Date 01/13/2023	Payee name The Ecumenical Center						
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code         \$500.00       8310 Ewing Halsell Dr.         San Antonio, TX 78229						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Contributions/Donations Made By       Candidate/Officeholder/Political Committee         Candidate/Officeholder/Political Committee       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Donation to the center						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/02/2023	The Rose Boutique						
	Amount (\$) \$175.00	Payee address; City; State; Zip Code 955 Cincinatti						
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Vreath for Red McCombs					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/31/2023	The Rose Boutique						
	Amount (\$) \$175.00	Payee address;     City;     State;     Zip     Code       955 Cincinatti						
		San Antonio, TX 78201						
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Child Abuse Prevention Month					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Se Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 67/69 Rpt: 72/74	Menendez, Jose (The Honorable)	00042411		
4	Date 06/06/2023	Payee name The Rose Boutique			
6	Amount (\$) \$175.00	Payee address; City; State; Zip Code 955 Cincinatti San Antonio, TX 78201			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Memorial Day Wreath for Edgewood Ceremony					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/30/2023	The Triangle Mandolas Italian Kitchen			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$160.77	4700 W. Guadalupe St. Austin, TX 78751			
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense officeholder and staff during Session.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/09/2023	Thomas Jefferson High School			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	723 Donaldson Avenue			
		San Antonio, TX 78201			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	avel outside of Texas. Complete Schedule T. .ustin, TX, officeholder living expense for Athletic Booster Club Alumni		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2								3	Filer ID		(Ethics Commission Filers)
-	Sch: 68/69 Rpt: 73/74	ľ	Menendez,		e Honorable	e)				ľ	00042411		(
4	Date	5	Payee name										
	02/10/2023		Viera , Ama	nda (Ms.)									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code										
	\$200.00		1817 N. St. Mary's St.										
			#407										
		San Antonio, TX 78212											
_	DUDDOCE							(1-)					
8	PURPOSE OF	(a)	Category (S		isted at the top o	of this sched	dule)	(a)	Description	outei	de of Texas. Co	mol	ata Schodula T
	EXPENDITURE		Event Expe	nse							officeholder livi	•	
	Security for Sweetheart Dance												
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held xpenditure to benefit C/OH								d				
	Date		Payee name										
	01/06/2023		Zaatar Leba	anese Gril	l								
	Amount (\$)		Payee addre	ss; City	/:	State:	Zip Co	de					
	\$244.80 9323 Wurzbach												
			San Antoni	o, TX 7824	10								
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top o	of this sched	dule)	(b)	Description				
PURPOSE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         OF       Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.							ete Schedule T.						
EAPENDITUKE			Check if Austin, TX, officeholder living expense								xpense		
Officeholder Staff lunch													
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought								Office held		
		_											
	Date		Payee name										
	01/24/2023 Zoom Video Communications Inc												
Amount (\$) Payee address; City; State; Zip Code													
\$42.70 55 Almaden Blvd, 6th Floor													
	San Jose, CA 95113												
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top o	of this sched	dule)	(b)	Description				
OF FEES Check if travel outside of Texas. Complete S													
Check if Austin, 1X, officenoider living expense							xpense						
									Monthly Zoor	n s	ervice		
	Complete ONLY if direct		Candidate/Off	ceholder na	ame	Of	fice sou	ght			Office I	helo	d
	expenditure to benefit C/OI	1											

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - I Committee	EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayn Office Overhe Polling Exper Printing Expe Salaries/Wag	Transportatio Travel in Dis Travel Out o	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
				ns now to comp	Diete this form.			
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)	
	Sch: 69/69 Rpt: 74/74	Menendez,	Jose (The Honorable)			0004241	.1	
4	Date	5 Payee name						
	02/23/2023	Zoom Vide	o Communications Inc					
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip Code	<u> </u>			
•	\$42.70	-	n Blvd, 6th Floor	, <u>-</u> .p ooue				
	ψ+2.70							
		San Jose,	CA 95113					
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule) (b	) Description			
	OF EXPENDITURE	Fees					Complete Schedule T.	
	LAFENDITORE					n, TX, officeholder li		
					Monthly Zoor	m service fee	<b>)</b>	
9	Complete ONLY if direct		iceholder name	Office sough	t	Office	e held	
	expenditure to benefit C/O	Н						