CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

00062108 3 CANDIDATE / MS OFFICEHOLDER Th NAME	Commission Filers)	2 Total pages filed: 103 FIRST Armando L.			MI	OFFICE US	SEONLY
3 CANDIDATE / MS OFFICEHOLDER Th NAME	e Honorable	FIRST Armando L.			MI		
OFFICEHOLDER The NAME	e Honorable	Armando L.			MI	1	
NAME						ELECTRONICAL	LY FILED
NIC	CKNAME					07/18/2023	
		LAST			SUFFIX		
		Walle		_	Jr.	Date Hand-delivered or D	ate Postmarked
4 ORIGINAL REPORT TYPE	January 15	Runoff		Other (sp	ecify)		
	July 15	Exceeded modified	reporting limit			Receipt #	Amount
	30th day before election	X 15th day after camp					
	8th day before election	appointment (office)				Date Processed	
5 ORIGINAL PERIOD Mo				Dav	Year		
COVERED	onth Day Year 01/01/2023	THROUGH		Day)/2023	real	Date Imaged	
			00/30	0/2023			
6 EXPLANATION OF COR							
Cash on hand was missir	ng						
7 AFFIDAVIT			ear, or affirm, correct.	under pei	nalty of perjury	, that this corrected ı	report is true
		Che	ck the box ne	ext to any a	and all applicat	ole statements:	
		X	was made i	n good fait	th and without	affirm that the origina an intent to mislead ned in the report.	al report or to
			report not la that the repo	tter than th ort as origi firm, that a	ne 14th busines inally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple ission in the report a	l learned ete. l
				The Hon	orable Armar	ndo L. Walle Jr.	
						or Officeholder	
AFFIX NOTARY STAM	P / SEAL ABOVE			Signature	c of Canuludle	or Onicendiael	
Sworn to and subcoribe	d before me, by the said				+6:0 +6		dov
						IC	day
UI	, 20, to certi	y which, withess my i	ianu anu sea	a or office.			
Cignoturo of officer -	dministorias asth	Dripted parts of -f	fioor odmini-	oring catt	<u> </u>		storing cath
Signature of officer a	luministering oath	Printed name of of	ncer administ	lering oath	1	Fitle of officer admini	stering oath
	Remember To Atta Need	ach Any Part Of led To Report A				ort Form	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commi 00062108	,	2 Total pages fi 1	led: 03
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER NAME	The Honorable	Armando L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX		
		Walle		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	4826 Hollybrook Ln.				Receipt #	Amount
Change of Address	Lieusten TV 77000					
	Houston, TX 77039				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Rose M.				
	NICKNAME	LAST		SUFFIX		
		Avalos		30111X		
		Avaios				
0						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	SL	ATE; ZIP CODE
ADDRESS	2907 Travick Lane					
(Residence or Business)						
	Houston, TX 77073					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(281) 814-7941					
8 REPORT TYPE				- <i>"</i> –		
	January 15	30th day before		Runoff X	appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	
				reporting limit		
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar F	Primary	Runoff	Other	
	11/07/2023		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 140 Harris		State Represent)
		GO ⁻	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	thics.state.tx.u	S	Versi	on V3.5.1.a18ea2ca

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 103

13 C / OH NAME	Walle Jr., Armando L	. (The Honorable)	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati	It the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAM	\$	8,500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	872.65	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	74,371.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	133,923.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required		
			able Armando L. Wal		
		Signature	of Candidate or Officeho	older	
AFFIX NO					
Sworn to and subso		_ day			
ot	, 20, to ca	ertify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of office	er administeri	ng oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3	.5.1.a18ea2ca

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 103 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Walle Jr., Armando L. (The Honorable) 00062108 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 8,500.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 74,371.09 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/103	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/27/2023	Allen Boone Humphries Robinson LLP				\$500.00
		6 Contributor address; City; State; Zip Code				
		1				
		1				
		Houston, TX 77027]			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	.)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/26/2023	Houston Fire Fighters Political Action Fund				\$2,500.00
		Contributor address; City; State; Zip Code		ĺ		
		1		ĺ		
				ĺ		
<u> </u>	Dringing Loop	Houston, TX 77009	Englisher (Cool Instructions	Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
-	Data			_	Amount of Contribution (\$)	
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID#: Houston Police Officers' Union)		Amount of Contribution (\$)	\$1,500.00
	00/21/2020					Φ1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/22/2023	IBAT PAC				\$1,000.00
		Contributor address; City; State; Zip Code		ĺ		
		1				
		Austin, TX 78701				
⊢	Principal occu	austin, 1X 78701	Employer (See Instructions)	<u> </u>		
	Ешира осса			J		
╞━	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	200225342)	Γ	Amount of Contribution (\$)	
	06/22/2023	McGuireWoods				\$500.00
		Contributor address; City; State; Zip Code		ĺ		
		1		ĺ		
		1		ĺ		
		Richmond, VA 23219]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
			L			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/103 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 7 06/26/2023 \$2,500.00 Texas Lobby Partners LLP 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

	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: 1/97 Rpt: 7/103	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 05/03/2023	Payee name 1-800-Flowers							
6	Amount (\$) \$106.06	Payee address; City; State; Zip Code Two Jericho Plaza Floor Two Jericho, NY 11753							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense emorial Service						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/11/2023	1-800-Flowers							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$106.06	Two Jericho Plaza							
		Floor Two Jericho, NY 11753							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense emorial Service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/12/2023	1-800-Flowers							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$97.32	Two Jericho Plaza							
		Floor Two							
		Jericho, NY 11753							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense emorial Service						
	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		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: 2/97 Rpt: 8/103	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 02/27/2023	5 Payee name 40 Plus Kids							
6	Amount (\$) \$500.00	 Payee address; City; State; Zip Code 501 Stockport Dr League City, TX 77573 							
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense DCAI NONPrOfit						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held						
	Date	Payee name							
	03/10/2023	Alberto Garza							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	2330 Carleen Rd Houston, TX 77018							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense athletic tickets for constituent gifts						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held						
	Date	Payee name							
	03/09/2023	Aldine Future Farmers of America							
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 11101 Airline Dr							
		Houston, TX 77037							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense listrict nonprofit organization						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought H	Office held						

				EXPEND	ITURE CATEGO	RIES FOF	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	Expense norials Expense on Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pense (ages/	e Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & trict	Related Expense
1	Total pages Schedule F1:	5			Uli Guide CApidine	1000 10 00	npie		3	Filer ID	/Ethics (Commission Filers)
1	Sch: 3/97 Rpt: 9/103	-			Jr., Armando L. (The Honorable)			3	00062108	(Eulios C		
4	Date	5	Payee name									
	01/31/2023		Amazon									
6	Amount (\$) \$248.96	7	Payee addres 410 Terry A		State	e; Zip Co	de					
			Seattle, WA	98109								
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Office Over		ted at the top of this sch I Expense	hedule)			, TX,	de of Texas. Comp officeholder living		ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nar	ne (Office sou	ght			Office he	ld	
	Date		Payee name									
	01/31/2023		Amazon									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$107.08		410 Terry A Seattle, WA									
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Office Over		ted at the top of this sch I Expense	hedule)			, TX,	de of Texas. Com officeholder living		ule T.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder nar	ne (Office sou	ght			Office he	ld	
	Date		Payee name									
	04/25/2023		Amazon									
	Amount (\$) \$250.00		Payee addres 410 Terry A		State	e; Zip Co	de					
			Seattle, WA	98109								
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Office Over		ted at the top of this sch I Expense	hedule)			, тх,	de of Texas. Comp officeholder living		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nar	ne (Office sou	ght			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex 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)		
1	Sch: 4/97 Rpt: 10/103	-	Walle Jr., Armando L. (The Honorable						
4	Date 05/10/2023	5	Payee name Amazon						
6	Amount (\$) \$100.00	7	Payee address; City; State 410 Terry Ave N Seattle, WA 98109	e; Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	hedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	05/16/2023		Amazon						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$29.51		410 Terry Ave N Seattle, WA 98109						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	hedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	01/19/2023		Archer Seating						
	Amount (\$) \$886.00		Payee address; City; State 560 NE Blvd	e; Zip Co	de				
			Vineland, NJ 08360						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	hedule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CC		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 5/97 Rpt: 11/103	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 04/26/2023	Payee name Arnold, Elaine								
6	Amount (\$) \$362.00	Payee address; City; State; Zip Code 7809 Valburn Dr Austin, TX 78731								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense ive Session T-Shirts							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/26/2023	Bat City Awards								
	Amount (\$) \$194.85	Payee address; City; State; Zip Code 1707 Nueces St								
		Austin, TX 78701								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense on Staff Gifts							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/12/2023	Canva								
	Amount (\$) \$119.99	Payee address;City;State;Zip Code75 E Santa Clara St								
		San Jose, CA 95113								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense gn software							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense 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: 6/97 Rpt: 12/103	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date	Payee name								
	02/22/2023	Capitol Gift Shop								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$106.09	1400 Congress Ave								
		E1.006								
		Austin, TX 78701								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF		utside of Texas. Complete Schedule T.							
	EXPENDITURE		TX, officeholder living expense							
		Gifts for visitor	rs from district							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/28/2023	Capitol Gift Shop								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$324.75	1400 Congress Ave								
		E1.006								
		Austin, TX 78701								
_	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF		utside of Texas. Complete Schedule T.							
	EXPENDITURE		TX, officeholder living expense							
		Gifts for visitor	rs from district							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
⊨	Date	Payee name								
	01/19/2023	Chevron								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$72.19	6001 Bollinger Canyon Rd.								
	¢72.10	ooor bonniger earlyon ru.								
		San Ramon, CA 94583								
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
	-		TX, officeholder living expense /eling on Legislative business							
		Gas while hav	The second se							
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									
-										

				EXPENDITURE	E CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Ex	
_		-		The Instruction Gui	de explains	now to cor	npiete this form.	1_	51 10		
1	Total pages Schedule F1:	2			1 - -)	、 、		3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 7/97 Rpt: 13/103		walle Jr., A	rmando L. (The H	Honorable))			00062108		
4	Date 01/27/2023	5	Payee name Chevron								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	le				
	\$51.55		6001 Bolling	ger Canyon Rd.							
				i, CA 94583							
8	PURPOSE OF	(a)		ee Categories listed at the		nedule)	(b) Description				
	EXPENDITURE			ion Equipment &	Related				ide of Texas. Comp , officeholder living		
			Expense						-	lative business	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C) Office sou	ht		Office he	ld	
	Date		Payee name								
	03/20/2023		Chevron								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	le				
	\$47.12			ger Canyon Rd.	,	, 1					
				i, CA 94583							
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at the		nedule)	Check if Austi	n, TX,	ide of Texas. Comp , officeholder living ing on Legisl		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				ld					
	Date		Payee name								
	03/31/2023		Chevron								
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	le				
	\$51.94		-	ger Canyon Rd.							
			San Ramor	i, CA 94583							
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at the		nedule)	Check if Austi	n, TX,	ide of Texas. Comp , officeholder living ing on Legisl		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Dffice sou	ht		Office he	ld	

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/97 Rpt: 14/103		Walle Jr., Armando L. (The Honorable)				00062108
4	Date 03/31/2023	5	Payee name Chevron				
6	Amount (\$) \$24.10	7	Payee address; City; State; 6001 Bollinger Canyon Rd. San Ramon, CA 94583	Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho Transportation Equipment & Related Expense	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ing on Legislative business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	05/11/2023		Chevron				
	Amount (\$) \$20.46		6001 Bollinger Canyon Rd.	Zip Co	de		
			San Ramon, CA 94583				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ing on Legislative business
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yht		Office held
	Date		Payee name				
	01/06/2023		City of Austin				
	Amount (\$) \$20.20		Payee address; City; State; 4815 Mueller Blvd.	Zip Co	de		
			Austin, TX 78723				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scho Utilities	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense On apartment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	, kpense /ages/Contract Lal	ense bor	Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2			·		Filer ID	(Ethics Commission Filers)
-	Sch: 9/97 Rpt: 15/103		Walle Jr., Armando L. (The Honorable)		Ĵ	00062108	(
4	Date 02/06/2023		Payee name City of Austin					
6	Amount (\$) \$32.68		Payee address; City; State 4815 Mueller Blvd. Austin, TX 78723	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Utilities	nedule)	X Check i	if travel outsi if Austin, TX,	ide of Texas. Comp , officeholder living o on apartment	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office hel	d
	Date		Payee name					
	03/06/2023		City of Austin					
	Amount (\$) \$48.60		4815 Mueller Blvd.	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78723 Category (See Categories listed at the top of this sch Utilities	nedule)	X Check i	if travel outsi if Austin, TX,	ide of Texas. Comp , officeholder living on apartment	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office hel	d
	Date		Payee name		-			
	04/06/2023		City of Austin					
	Amount (\$) \$62.28		Payee address; City; State 4815 Mueller Blvd.	; Zip Co	de			
			Austin, TX 78723					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Utilities	nedule)	X Check i	if travel outsi if Austin, TX,	ide of Texas. Comp , officeholder living e On apartment	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	\neg
	Sch: 10/97 Rpt:		Walle Jr., Armando L. (The Honorable	e)				00062108	
4	Date	5	Payee name						\neg
	05/08/2023		City of Austin						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode				
	\$65.25		4815 Mueller Blvd.						
			Austin, TX 78723						
8	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description			
	EXPENDITURE		Utilities					ide of Texas. Complete Schedule T. , officeholder living expense	
								on apartment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight			Office held	_
	Date		Payee name						_
	06/05/2023		City of Austin						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				
	\$65.05		4815 Mueller Blvd.						
			Austin, TX 78723						
	PURPOSE	(a)	Category (See Categories listed at the top of this su	chedule)	(b)	Description			
	OF EXPENDITURE		Utilities					ide of Texas. Complete Schedule T.	
						Utilities at Se		, officeholder living expense	
						Utilities at Se	221	on apartment	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	laht			Office held	_
	expenditure to benefit C/OI			Office Sou	igin				
	Date		Pavee name						=
	03/30/2023		Cockrell Elementary						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				_
	\$220.00		3500 McHard Rd	, <u>-</u> .p					
			Pearland, TX 77581						
	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Com	mittoo				ide of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Onicerioide//Political Com	millee				krell Elementary Fun Run	
	Complete ONLY if direct	L	andidate/Officeholder name	Office sou	l Iaht			Office held	\dashv
	expenditure to benefit C/Oł			2					
-									\neg

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)						
-	Sch: 11/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 01/04/2023	5 Payee name Costco							
_									
6	Amount (\$) \$209.29	7 Payee address; City; State; Zip Code 999 Lake Dr Issaquah, WA 78759							
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·							
U	OF	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/03/2023	Cubesmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$203.00	5 Old Lancaster Rd. Malvern, PA 19355							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Intal						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2023	Cubesmart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$203.00	5 Old Lancaster Rd.							
		Malvern, PA 19355							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Intal						
	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	ains h	Office Over Polling Exp Printing Exp Salaries/Wa	head ense 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 Cabadula F1	2	· · ·	ansi		ipiei	e this form.	3	Filer ID (Ethics Commission Filere)
1	Total pages Schedule F1: Sch: 12/97 Rpt:	z	Walle Jr., Armando L. (The Honora					Filer ID (Ethics Commission Filers) 00062108	
4	Date	5	Payee name						
	03/02/2023		Cubesmart						
6	Amount (\$)	7	Payee address; City; S	state;	Zip Coo	de			
	\$203.00		5 Old Lancaster Rd.						
			Malvern, PA 19355						
8	PURPOSE	(0)				(h)	Description		
ð	OF	(a)	Category (See Categories listed at the top of the Office Overhead/Rental Expense	iis sche	edule)	(0) 	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Once Overneau/Rental Expense			i			, officeholder living expense
							 Storage unit ı		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ght			Office held
	Date		Payee name						
	04/03/2023		Cubesmart						
	Amount (\$)		Payee address; City; S	State:	Zip Coo	le			
	\$203.00		5 Old Lancaster Rd.	, iuro,	2.10 000				
	ψ203.00		5 Old Eaneaster Nu.						
			Malvern, PA 19355						
	PURPOSE	(a)	Category (See Categories listed at the top of th	iis sche	edule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.
							Storage unit I		officeholder living expense
							Storage unit i	CII	
	Complete ONIL V if direct		Condidate/Officeholder name			-bt			Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	JIIL			Office held
		_							
	Date		Payee name						
	05/02/2023		Cubesmart						
	Amount (\$)		Payee address; City; S	state;	Zip Coo	de			
	\$203.00		5 Old Lancaster Rd.						
			Malvern, PA 19355						
	PURPOSE	(a)	Category (See Categories listed at the top of th	iis sche	edule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense						de of Texas. Complete Schedule T.
									officeholder living expense
							Storage unit ı	en	เล
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ght			Office held
		'							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 13/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 06/02/2023	5 Payee name Cubesmart							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
U	\$231.00	5 Old Lancaster Rd. Malvern, PA 19355							
_		I							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ental						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/04/2023	Curatola, Jacqueline							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,507.87	2018 W. Rundberg Ln.							
		Apt. 10D							
		Austin, TX 78758							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/01/2023	Curatola, Jacqueline							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,350.67	2018 W. Rundberg Ln.							
		Apt. 10D							
		Austin, TX 78758							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGOR	RIES FOF	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Exp Salaries/W	kpense /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: 14/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108			
4	Date	5	Payee name							
	03/06/2023		Curatola, Jacqueline							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
-	\$1,350.67		2018 W. Rundberg Ln.							
			Apt. 10D							
			Austin, TX 78758							
8	PURPOSE	(2)			(b) Deceription					
0	OF	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin,	тx,	officeholder living expense			
					Staff salary					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	04/04/2023		Curatola, Jacqueline							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,350.67	\$1,350.67 2018 W. Rundberg Ln.								
			Apt. 10D							
			Austin, TX 78758							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
	OF		Salaries/Wages/Contract Labor	euule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					тx,	officeholder living expense			
					Staff Salary					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	05/02/2023		Curatola, Jacqueline							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,350.67		2018 W. Rundberg Ln.							
			Apt. 10D							
			Austin, TX 78758							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,	Check if travel of	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE					ΤX,	officeholder living expense			
					Staff Salary					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	ght		Office held			
		-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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: 15/97 Rpt:		Walle Jr., Armando L. (The Honorable)					00062108		
4	Date	5	Payee name				I			
	06/01/2023		Curatola, Jacqueline							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$1,350.67		2018 W. Rundberg Ln.							
			Apt. 10D							
			Austin, TX 78758							
_	DUDDOCE	(-)			(-)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(D)	Description	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living expense		
						Staff Salary				
						-				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office held		
	Date		Payee name							
	06/30/2023		Curatola, Jacqueline							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,350.67		2018 W. Rundberg Ln.	·						
	. ,		Apt. 10D							
			Austin, TX 78758							
_	PURPOSE	(0)			(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(D)	Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Salaries/Wayes/Contract Labor					, officeholder living expense		
						Staff Salary				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office held		
	Date		Payee name						-	
	01/09/2023		Dallas Morning News							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$18.72		1954 Commerce St							
			Dallas, TX 75201							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Subscription					ide of Texas. Complete Schedule T. , officeholder living expense		
						News subscr				
						10000 300301	·pu			
-	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	Office sou	abt			Office held	_	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			111CE 200	ynt					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Offic Polli ense Print Sala	e Overhe ng Exper ting Expe ries/Wag	nse es/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 NAM		•			3	Filer ID	(Ethics Commission Filers)	
-	Sch: 16/97 Rpt:		– Armando L. (The Ho	norable)				00062108	(
4	Date	Payee name		· · ·						
	02/08/2023	Dallas Morning News								
6	Amount (\$) \$18.72	Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense News subscription								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Office	sough	t		Office he	ld	
	Date	Payee name	e							
	03/08/2023	Dallas Mor	ning News							
	Amount (\$) \$18.72	Payee address; City; State; Zip Code 1954 Commerce St								
	PURPOSE OF EXPENDITURE	Dallas, TX Category (Subscriptic	See Categories listed at the top	p of this schedule)	(b		n, TX,	ide of Texas. Comp , officeholder living ON		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Office	sough	t		Office he	ld	
	Date	Payee name	e							
	04/10/2023	Dallas Mor	ning News							
	Amount (\$) \$18.72	Payee addre 1954 Com	-	State; Zip) Code					
		Dallas, TX	75201							
	PURPOSE OF EXPENDITURE	Category (Subscriptic	See Categories listed at the top	p of this schedule)	(b		n, TX,	ide of Texas. Comp , officeholder living ON		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Office	sough	t		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	Fees Food Gift/A mittee Legal	t Expense /Beverage Expense wards/Memorials Expense I Services Instruction Guide explain	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:		· · ·		·	3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/97 Rpt:		ndo L. (The Honorabl	e)			00062108	· · · ·	
4	Date	Payee name				I			
	05/08/2023	Dallas Morning	News						
6	Amount (\$) \$18.72	Payee address; City; State; Zip Code 1954 Commerce St							
_		Dallas, TX 7520							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense News subscription 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehc	older name	Office soug	ht		Office hel	d	
	Date	Payee name							
	06/08/2023	Dallas Morning	News						
	Amount (\$) \$18.72	Payee address; City; State; Zip Code 1954 Commerce St							
		Dallas, TX 7520)1						
	PURPOSE OF EXPENDITURE	Category _{(See Cat} Subscription	tegories listed at the top of this s	chedule) (n, TX,	de of Texas. Compl officeholder living e DN		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehc	older name	Office soug	ht		Office hel	d	
	Date	Payee name							
	05/11/2023	Deluxe							
	Amount (\$) \$73.89	Payee address; 301 Marquette /		e; Zip Cod	e				
		Vinneaspolis, N	IN 55402						
	PURPOSE OF EXPENDITURE	Category _{(See Cat} Accounting/Ban	tegories listed at the top of this s king	chedule) (n, TX,	de of Texas. Compl officeholder living e gn checks		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	older name	Office soug	ht		Office hel	d	

	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:		3 Filer ID (Ethics Commission Filers)					
	Sch: 18/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 05/03/2023	5 Payee name Dru for Humble ISD						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$250.00 18618 Atascocita Forest Dr Humble, TX 77346 Humble, TX 77346							
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	outside of Texas. Complete Schedule T. , TX, officeholder living expense onation to local ISD candidate					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/24/2023	Early Childhood Caucus						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code \$250.00 P.O. Box 12411 Image: Comparison of the state of the s						
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ood Caucus Membership dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/12/2023	Eddie V's Prime Seafood						
	Amount (\$) \$198.05	Payee address;City;State;Zip Code301 E 5th St						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense NG					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
T	Sch: 19/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date	Payee name							
	06/19/2023	Erin Zwiener Campaign							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	PO Box 184							
		Driftwood, TX 78619							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Campaign dor	nation for State House race						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/12/2023	GoDaddy							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$115.00	2155 E. GoDaddy Way							
	-								
		Tempe, AZ 85284							
	PURPOSE OF) Category (See Categories listed at the top of this schedule) (b) Description	which of Taura Departure Only and the T						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
			ampaign website domain						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
	Date	Payee name							
	02/27/2023	H-E-B							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$146.66	646 S Flores St							
	-								
		San Antonio, TX 78204							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
		Groceries for d	TX, officeholder living expense						
	ſ		5						
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF	Canadator Onice Tourist Onice Subgrit							
L									

	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 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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)		
-	Sch: 20/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date 03/24/2023	Payee nameH-E-B			
6	Amount (\$) \$52.87	Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense Dffice		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/03/2023	Hill Country Springs, Inc.			
	Amount (\$) \$19.49	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd. Austin, TX 78747			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense JPPIY		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/03/2023	Hill Country Springs, Inc.			
	Amount (\$) \$43.49	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd.			
		Austin, TX 78747			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense LIPPIY		
	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/Reimburss Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 21/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date	Payee name				
	03/02/2023	Hill Country Springs, Inc.				
6	Amount (\$) \$19.99	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd.				
		Austin, TX 78747				
8	PURPOSE OF EXPENDITURE	DF Check if travel outside of Texas. Complete Schedule T.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
04/04/2023 Hill Country Springs, Inc.						
	Amount (\$) \$46.57	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd.				
		Austin, TX 78747				
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense /ater supply			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/02/2023	Hill Country Springs, Inc.				
	Amount (\$) \$55.07	Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd.				
		Austin, TX 78747				
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense /ater supply			
	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		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: 22/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 06/02/2023	 Payee name Hill Country Springs, Inc. 				
6	Amount (\$) \$102.56	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Rd. Austin, TX 78747				
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 Office water supply 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/22/2023	Holly for Houston				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 440544 Houston, TX 77244				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel of Check if travel of Check if Austin, 	outside of Texas. Complete Schedule T. TX, officeholder living expense louston City Council campaign			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/05/2023	House of Blooms				
	Amount (\$) \$95.26	Payee address; City; State; Zip Code 16180 City Walk				
		Sugarland, TX 77479				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense emorial Service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transportati Food/Beverage Expense Polling Expense Travel in Dis Gift/Awards/Memorials Expense Printing Expense Travel out of			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: 23/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	02/16/2023	-	Houston Chronicle				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$19.96		4747 Southwest Fwy				
			Houston, TX 77027				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(aluba	(b) Description		
			Subscription	cuule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					News Subscr	ipti	on
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ght		Office held
	Date		Payee name				
03/17/2023 Houston Chronicle							
Amount (\$) Payee address; City; State; Zip Code							
	\$19.96		4747 Southwest Fwy				
			,				
			Houston, TX 77027				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Subscription				de of Texas. Complete Schedule T. officeholder living expense
					News Subscr		
						1	
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	aht		Office held
	expenditure to benefit C/OI	4					
-	Date		Payee name				
	04/13/2023		Houston Chronicle				
	Amount (\$)			Zip Co	de		
	\$19.96		4747 Southwest Fwy	210 00			
	\$10.00						
			Houston, TX 77027				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Subscription				de of Texas. Complete Schedule T.
					News Subscr		officeholder living expense
						γru	0.1
	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office sou	aht		Office held
	expenditure to benefit C/OI				grit		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 24/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	05/11/2023		Houston Chronicle				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$19.96		4747 Southwest Fwy				
			Houston, TX 77027				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Subscription				ide of Texas. Complete Schedule T.
							, officeholder living expense
					News Subsci	ιpu	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	iht		Office held
Ū	expenditure to benefit C/O				, ne		
	Date		Payee name				
	06/08/2023		Houston Chronicle				
	Amount (\$) Payee address; City; State; Zip Code						
	\$19.96		4747 Southwest Fwy				
			Houston, TX 77027				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Subscription				ide of Texas. Complete Schedule T.
							, officeholder living expense
					News Subsc	īρι	ion
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	iht		Office held
	expenditure to benefit C/OI				hu		Onice neta
-	Date	Γ	Payee name				
	04/12/2023		Houston Livestock Show				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$800.00		3 NRG Park				
			Houston, TX 77054				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense
					lickets to HC	usi	ton Livestock Show & Rodeo
_				N#:			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 25/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108				
4	Date 01/17/2023	Payee name IRS					
6	Amount (\$) \$130.06	7 Payee address; City; State; Zip Code P.O. Box 932100					
		Louisville, KY 40293					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Taxes					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/17/2023	IRS					
	Amount (\$) \$1,764.84	Payee address; City; State; Zip Code P.O. Box 932100					
		Louisville, KY 40293					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/31/2023	IRS					
	Amount (\$) \$33.30	Payee address; City; State; Zip Code P.O. Box 932100					
		Louisville, KY 40293					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Inmittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·		•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 26/97 Rpt:		Walle Jr., Armando L. (The Honorable	e)			00062108	
4	Date 03/15/2023	5	Payee name IRS					
6		-		e; Zip Co	do			
0	Amount (\$) \$1,685.59	ľ	Payee address; City; State P.O. Box 932100	e, zip co	ue			
	φ1,000.00		1.0. Dox 332100					
			Louisville, KY 40293					
	DUDDOCE	<u> </u>			(h) p			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	chedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Salahes/Wayes/Contract Labor				, officeholder living expense	
					Payroll Taxes	5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght		Office held	
	Date		Payee name					
	04/17/2023		IRS					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$1,610.99		P.O. Box 932100					
			Louisville, KY 40293					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	chedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held	
	Date		Payee name					
	05/15/2023		IRS					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	de			
	\$1,812.41		P.O. Box 932100	-, _, _,				
			Louisville, KY 40293					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wages/Contract Labor			, тх	, officeholder living expense	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan 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:		3 Filer ID (Ethics Commission Filers)				
1	Sch: 27/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108				
4	Date 06/15/2023	Payee name IRS					
6	Amount (\$)	' Payee address; City; State; Zip Code					
	\$1,983.99	P.O. Box 932100					
		Louisville, KY 40293					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/25/2023	IT Caucus					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	1108 Lavaca St					
		Suite 110-701					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) b) Description Check if travel of Check if Austin, 	outside of Texas. Complete Schedule T. . TX, officeholder living expense embership dues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/17/2023	J & N Enterprises, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$601.55	2519 Fairway Park Dr.					
		Suite 302					
		Houston, TX 77092					
-	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense erchandise				
	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	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)					
	Total pages Cohodulo E1	The Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)					
1	Total pages Schedule F1: Sch: 28/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date	Payee name						
	06/27/2023	Joaquin Martinez Campaign						
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code \$500.00 2033 Santa Rosa Houston, TX 77023						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Ū	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 Houston City Council campaign							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/27/2023	Joe's Bakery & Coffee Shop						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.20	2305 E 7th St Austin, TX 78702						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ring Session					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/01/2023	Joe's Bakery & Coffee Shop						
	Amount (\$) \$82.96	Payee address; City; State; Zip Code 2305 E 7th St						
		Austin, TX 78702						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ring 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /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: 29/97 Rpt:		Walle Jr., Armando L. (The Honorable))			00062108
4	Date	5	Payee name				
	05/08/2023		Joe's Bakery & Coffee Shop				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$13.48		2305 E 7th St				
			Austin, TX 78702				
8	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Breakfast du		
					2.00		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	05/19/2023		Joe's Bakery & Coffee Shop				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$51.19		2305 E 7th St	, 1			
			Austin, TX 78702				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description	outo	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense
					Breakfast du		
						-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	06/22/2023		Judge Mike Gomez Campaign				
	Amount (\$)			; Zip Co	de		
	\$500.00		P.O. Box 56386	, בוף סט			
	\$000100						
			Houston, TX 77256				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T. , officeholder living expense
			Candidate/Officeholder/Political Comm	nitee	Campaign D		
					Campaign D	5110	
-	Complete ONLY if direct	Ļ	andidate/Officeholder name	Office sou	aht		Office held
	expenditure to benefit C/OI			500 SUU	gin		
L							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)			
1	Sch: 30/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 03/17/2023	5 Payee name Juliet				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$307.81	1500 Barton Springs Rd				
		Austin, TX 78704				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		ıtside of Texas. Complete Schedule T. "X, officeholder living expense]			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/08/2023	Kohl's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$692.71	N56 W17000 Ridgewood Dr				
		Menomonee Falls, WI 53051				
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/28/2023	Legislative Study Group				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,089.78	P.O. Box 12943				
		Austin, TX 78711				
	PURPOSE OF EXPENDITURE	Check if Austin, T	ttside of Texas. Complete Schedule T. 'X, officeholder living expense ive Study Group caucus dues			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

				EXPENDITURE	E CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Tees Tood/Beverage Expense Sift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 31/97 Rpt:			mando L. (The H	Honorable))			00062108		
4	Date	5	Payee name					I			
	01/09/2023		Lenox								
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Co	le				
	\$1,989.19	1,989.19 4910 E 7th St.									
		Austin, TX 78702									
8	PURPOSE	<u> </u>	<u> </u>				(b) Description				
ľ	OF	(a)	Category _{(See} Rent	e Categories listed at the	e top of this sch	edule)	(b) Description	outsi	ide of Texas. Comp	lete Schedule T.	
	EXPENDITURE		Kent						, officeholder living e		
							Session apa	rtme	ent lease		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ht		Office hel	d	
	Date		Payee name								
	02/03/2023		Lenox								
Amount (\$) Payee address; City; State; Zip Code											
	\$1,835.18 4910 E 7th St.										
			Austin, TX 78	3702							
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Rent (b) Description Check if travel outside of Texas. X Check if Austin, TX, officeholder Session apartment lease 					, officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought				ht	Office held				
	Date		Payee name								
	03/03/2023		Lenox								
	Amount (\$)		Payee address	s; City;	State:	; Zip Co	le				
	\$1,868.19		4910 E 7th S	-	etato,	, <u> </u>					
	+1,000.10										
			Austin, TX 78	3702							
	PURPOSE OF	(a)		e Categories listed at the	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Rent						ide of Texas. Comp , officeholder living e		
							Session apai			expense	
							upu				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	C	Dffice sou	ht		Office 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/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 32/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108									
4	Date	Payee name										
	04/10/2023	Lenox										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,997.76	997.76 4910 E 7th St.										
		Austin, TX 78702										
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descriptio	n									
	OF EXPENDITURE	Rent Check if	travel outside of Texas. Complete Schedule T.									
	EXFENDITORE		Austin, TX, officeholder living expense									
		Session	apartment lease									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	05/08/2023	Lenox										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,972.55 4910 E 7th St.											
		Austin, TX 78702										
	PURPOSE OF EXPENDITURE	X Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense apartment lease									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/06/2023	Lenox										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,219.54	4910 E 7th St.										
		Austin, TX 78702										
	PURPOSE OF EXPENDITURE	X Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense apartment lease									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held									
┣												

			EXPENDITURE CATE	GORIES FO	R BC	DX 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 expla	Office Ov Polling E Printing E Salaries/	erhea kpense Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 33/97 Rpt:		Walle Jr., Armando L. (The Honoral	ble)				00062108			
4	Date	5	Payee name								
	01/26/2023		Mailchimp								
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode						
	\$36.24 675 Ponce De Leon Ave.										
			NE Suite 5000								
			Atlanta, GA 30308								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Software	o oonodalo)		Check if travel		de of Texas. Complete Schedule T.			
	EXPENDITORE					—		officeholder living expense			
						Newsletter di	stri	bution service			
				0.00	<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	02/27/2023		Mailchimp								
	Amount (\$)		Payee address; City; St	ate; Zip C	ode						
	\$32.62 675 Ponce De Leon Ave.										
			NE Suite 5000								
			Atlanta, GA 30308								
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Software					de of Texas. Complete Schedule T.			
			Check if Austin, TX, officeholder living expense Newsletter distribution service								
							SUI				
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jaht			Office held			
	expenditure to benefit C/OF				.g						
_	Date		Payee name								
	03/27/2023		Mailchimp								
	Amount (\$)		Payee address; City; St	ate; Zip C	ode						
	\$36.24		675 Ponce De Leon Ave.								
			NE Suite 5000								
			Atlanta, GA 30308								
	PURPOSE	(a)	Category (See Categories listed at the top of this		(b)	Description					
	OF		Software	s scriedule)	(~)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE							officeholder living expense			
						Newsletter di	stri	bution service			
					Ļ						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 34/97 Rpt:		Walle Jr., Armando L. (The Honorable)	00062108								
4	Date	5	Payee name			I						
	04/26/2023		Mailchimp									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de							
	\$36.24	\$36.24 675 Ponce De Leon Ave.										
	NE Suite 5000											
			Atlanta, GA 30308									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Software	ŕ			ide of Texas. Complete Schedule T.					
							, officeholder living expense					
					Newsletter di	Stri	bution service					
_	Operation ONITY is diverged		And the second									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held					
	Date		Payee name									
	05/26/2023		Mailchimp									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$36.24 675 Ponce De Leon Ave.											
			NE Suite 5000									
			Atlanta, GA 30308									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description							
	OF EXPENDITURE		Software	ouuloy		outs	ide of Texas. Complete Schedule T.					
	EXPENDITORE						, officeholder living expense					
					Newsletter di	stri	bution service					
	-											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held					
-	Date		Payee name									
	06/25/2023		Mailchimp									
	Amount (\$)		•	Zip Co	le							
	\$36.24		675 Ponce De Leon Ave.	p 00								
			NE Suite 5000									
			Atlanta, GA 30308									
	DUDDOCE											
	PURPOSE OF		Category (See Categories listed at the top of this sche Software	edule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Soliware				, officeholder living expense					
					Newsletter di	stri	bution service					
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	pht		Office held					
	expenditure to benefit C/OI	-1										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office (Polling Printing Salarie	Overhea Expens Exper S/Wage	nse es/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: 35/97 Rpt:		Walle Jr., Armando L. (The Honorab	le)				00062108			
4	Date 06/28/2023		Payee name Nasha								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$256.49 1614 E 7th St Austin, TX 78702										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	i		Office held			
	Date		Payee name								
	01/18/2023		Polvo's								
	Amount (\$) \$91.52		Payee address; City; Sta 360 Nueces St	ite; Zip (Code						
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE						de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	:		Office held			
	Date		Payee name								
	01/26/2023		Posse East								
	Amount (\$) \$236.54		Payee address; City; Sta 2900 Duval St	te; Zip (Code						
			Austin, TX 78705								
	PURPOSE OF EXPENDITURE										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ought	:		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 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)								
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
Ľ	Sch: 36/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108								
4	Date	· · ·	00002100								
4	01/23/2023	Payee name Precinct2Gether									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,100.00	.00 14350 Wallisville Rd									
		Houston, TX 77049									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF		el outside of Texas. Complete Schedule T.								
	EXPENDITURE		in, TX, officeholder living expense								
		Donation to	local nonprofit								
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held										
	Date	Payee name									
01/17/2023 QuickBooks Payments											
Amount (\$) Payee address; City; State; Zip Code											
	\$34.65 2700 Coast Ave										
	¢0 1100										
		Mountain View, CA 94043									
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	learline of Taura Consults Calendale T								
	EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense								
			software subscription								
⊢	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held								
	expenditure to benefit C/OI										
╞											
	Date 01/18/2023	Payee name QuickBooks Payments									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$350.21	2700 Coast Ave									
		Mountain View, CA 94043									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Accounting/Banking	el outside of Texas. Complete Schedule T.								
	EXPENDITORE		in, TX, officeholder living expense								
		Payroll Taxe	es								
	Complete ONLY if direct	andidate/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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
-	Sch: 37/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108									
4	Date	5 Payee name										
	01/31/2023	QuickBooks Payments										
6	Amount (\$) \$8.25											
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF Accounting/Banking Accounting/Banking Check if Austin, TX, officeholder living expense Accounting Software subscription											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	02/15/2023											
	Amount (\$)											
	\$74.62	2700 Coast Ave Mountain View, CA 94043										
	PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	ght Office held									
	Date	Payee name										
	03/15/2023	QuickBooks Payments										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$74.62	2700 Coast Ave										
		Mountain View, CA 94043										
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting software subscription											
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									

			EXPENDITURE	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 Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense 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		ue explaine	100 10 000		12	Filer ID (Ethics Commission Filers)			
Ţ	Sch: 38/97 Rpt:	2	Walle Jr., Armando L. (The I	Honorable))			00062108			
4	Date	5	Payee name								
	04/17/2023		QuickBooks Payments								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$82.62	\$82.62 2700 Coast Ave									
			Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the	o top of this sch	odulo)	b) Description					
	OF	ľ	Accounting/Banking		ieuuie)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		0 0					, officeholder living expense			
						Accounting s	oft	ware subscription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	04/18/2023		QuickBooks Payments								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le					
	\$555.28		2700 Coast Ave								
			Mountain View, CA 94043								
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this sch	nedule)	b) Description		ide of Taura Consulta Cabadula T			
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T. , officeholder living expense			
						Payroll Taxe					
						,					
	Complete ONLY if direct	(Candidate/Officeholder name	C	Jffice soug	ht		Office held			
	expenditure to benefit C/OF	Η									
⊨	Date		Payee name								
	05/15/2023		QuickBooks Payments								
⊢	Amount (\$)		Payee address; City;	State:	; Zip Coo	le					
	\$90.61		2700 Coast Ave	,	,						
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	b) Description					
	OF EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T.			
						Payroll Taxe		, officeholder living expense			
						i ayrun raxe	٥				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office soug	ht		Office held			
	expenditure to benefit C/Oł			Ĺ	Since Sou	i it		Office field			
L											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labo	or	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: 39/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108				
4	Date	5	Payee name								
	06/15/2023		QuickBooks Payments								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$90.61 2700 Coast Ave										
			Mountain View, CA 94043								
8	PURPOSE				(b) Deceriation						
0	OF		Category (See Categories listed at the top of this sche Accounting/Banking	edule)	(b) Description		utside of Texas. Complete Schedule T.				
	EXPENDITURE		Accounting/Banking				TX, officeholder living expense				
					Payroll Ta	axes					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name O)ffice sou	ght		Office held				
	Date		Payee name								
	01/27/2023		ReadyRefresh								
	Amount (\$)		-	Zip Co	do						
				Zip Cu	ue						
	\$16.55		16420 N Interstate Hwy 35								
			Austin, TX 78728								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	n					
	OF EXPENDITURE		Food/Beverage Expense				utside of Texas. Complete Schedule T.				
					Check if Austin, TX, officeholder living expense Office water supply						
					Office wa	ller su	лрыу				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name O	Office sou	ght Office held						
	Date		Payee name								
	02/27/2023		ReadyRefresh								
	Amount (\$)		-	Zip Co	de						
	\$16.55		16420 N Interstate Hwy 35	210 00	uc						
	φ10.55		10420 Willerstate Hwy 00								
			Austin, TX 78728								
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description	n					
	OF		Food/Beverage Expense	cuuic)			Itside of Texas. Complete Schedule T.				
	EXPENDITURE				Check if A	Austin, T	TX, officeholder living expense				
					Office wa	iter su	ylddr				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	sought Office held						
_											

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · ·		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 40/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108		
4	Date	5	Payee name						
	03/27/2023		ReadyRefresh						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$16.55		16420 N Interstate Hwy 35						
			Austin, TX 78728						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description				
-	OF		Food/Beverage Expense	euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·		Check if Austir	n, TX,	, officeholder living expense		
					Office water	sup	pply		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office soug	Jht		Office held		
	Date		Payee name						
	04/27/2023		ReadyRefresh						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$16.55 16420 N Interstate Hwy 35								
			,						
			Austin, TX 78728						
	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 Check if Austin, TX, officeholder living expense Office water supply 					, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	ıht	t Office held				
-	Date		Payee name						
	05/30/2023		ReadyRefresh						
	Amount (\$)		-	Zip Co	10				
	\$22.37		16420 N Interstate Hwy 35	20					
	ΨΖΖ.51		10420 Willerstate Hwy 00						
			Austin, TX 78728						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Taura Describe: D is it is T		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Office water				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office soug	ıht		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	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 41/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108				
4	Date	5	Payee name								
	06/29/2023		ReadyRefresh								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$19.37	\$19.37 16420 N Interstate Hwy 35									
			Austin, TX 78728								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					Office water	sup	pply				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held				
	Date		Payee name								
	06/29/2023		Richard Cantu Campaign								
-	Amount (\$)			Zip Co	de						
	\$1,000.00		P.O. Box 91334	2.0 00							
	φ1,000.00		1.0. Dox 91304								
			Houston, TX 77291								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Commi	ittee	Check if Austin, TX, officeholder living expense Donation to Houston city council campaign						
					Donation to I	100	iston city council campaign				
		Candidate/Officeholder name Office sought					Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	Office held							
		_									
	Date		Payee name								
	01/04/2023		Santucci, Cara								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$1,786.84		2307 Barton Village Circle								
			104								
			Austin, TX 78704								
	PURPOSE				(b) Description						
	OF	``'	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense				
					Staff Salary						
	Complete ONLY if direct	L(Candidate/Officeholder name O	office sou	ght		Office held				
	expenditure to benefit C/OI				-						
-											

			EXPENDITURE C	ATEGO	RIES FOF	R BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	-	3	(Ethics Commission Filers)						
_	Sch: 42/97 Rpt:		Walle Jr., Armando L. (The Ho	norable)				00062108				
4	Date 02/01/2023		Payee name Santucci, Cara									
6	Amount (\$) \$1,807.99	7 Payee address; City; State; Zip Code 807.99 2307 Barton Village Circle 104 Austin, TX 78704										
8	8 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 Staff Salary											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld			
	Date		Payee name									
	03/06/2023		Santucci, Cara									
	Amount (\$) Payee address; City; State; Zip Code \$1,667.29 2307 Barton Village Circle 104 Austin, TX 78704 Austin, TX 78704											
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Salaries/Wages/Contract Labo		edule)		tin, TX	ide of Texas. Com , officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				ght		Office he	łld			
	Date		Payee name									
	04/04/2023		Santucci, Cara									
	Amount (\$) \$2,047.18		Payee address; City; 2307 Barton Village Circle 104 Austin, TX 78704	State;	Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Salaries/Wages/Contract Labo		edule)		tin, TX	ide of Texas. Com				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld			

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 43/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108					
4	Date	5	Payee name									
	05/02/2023		Santucci, Cara									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de							
	\$2,370.79		2307 Barton Village Circle									
			104									
			Austin, TX 78704									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF		Salaries/Wages/Contract Labor	cuule)		outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE		C C			n, TX	, officeholder living expense					
					Staff Salary							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held					
	Date		Payee name									
	06/01/2023		Santucci, Cara									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$2,370.79		2307 Barton Village Circle									
			104									
			Austin, TX 78704									
	PURPOSE	<u> </u>			(b) Description							
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense					
					Staff Salary							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held					
⊢	Date		Pavee name									
	06/30/2023		Santucci, Cara									
	Amount (\$)			Zip Co	10							
	\$1,060.42		2307 Barton Village Circle	210 00								
	φ1,000.42		-									
			104									
			Austin, TX 78704									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense					
					Staff Salary	1, I X	, officenolder living expense					
					Stan Salary							
-	Complete ONLY if direct	L	Candidate/Officeholder name O	Office sou	ht		Office held					
	expenditure to benefit C/OI			mice soul	jiit							
-												

	EXPENDITURE CATEGORIES FOR BOX 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 Imittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · · ·		·	3	Filer ID (Ethics Commission Filers)		
-	Sch: 44/97 Rpt:		Walle Jr., Armando L. (The Honorable)			ľ	00062108		
4	Date	5	Payee name						
	01/10/2023		Shoal Creek Saloon						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$257.85		909 N Lamar Blvd						
			Austin, TX 78703						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description				
-	OF		Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense		
					Lunch meetii	ng			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	04/25/2023		Southwest Airlines						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$234.98		2702 Lovefield Dr						
			Dallas, TX 75235						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District				, officeholder living expense		
					Travel for Se	ssi	on		
	Complete ONLY if direct		candidate/Officeholder name O	ffice sou	lht		Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	03/28/2023		St. Leo the Great						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$500.00		2131 Lauder Rd						
			Houston, TX 77039						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
	-		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense rch in district		
						, i i u			
	Complete ONLY if direct	Ľ	Candidate/Officeholder name O	office soug	lht		Office held		
	expenditure to benefit C/OI			nice soul	pric		Onice neid		

			EXPENDITURE CATEGO	RIES FOR	R BO	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea cpens xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Total pages Schedule F1:	2	· · · · ·				3	Filer ID (Ethics Commission Filers)
ľ	Sch: 45/97 Rpt:		Walle Jr., Armando L. (The Honorable	e)			3	00062108
4	Date	5	Payee name					
	01/09/2023		Star Stop					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
	\$93.51		13233 Dairy Ashford					
			Sugar Land, TX 77479					
8	PURPOSE	(2)	_		(h)	Decoription		
ľ	OF		Category (See Categories listed at the top of this sci Transportation Equipment & Related	hedule)		Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Expense					officeholder living expense
						Gas while tra	vel	ing on Legislative business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	03/30/2023		Taverna					
⊢	Amount (\$)		Payee address; City; State	; Zip Co	ohe			
	.,			ε, Ζιρ Ου	Jue			
	\$136.50		258 W 2nd St					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						Dinner meeti	ng	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ıght			Office held
	Date		Payee name					
	02/02/2023		Texas Climate Caucus					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$200.00		P.O. Box 301074	.,				
	\$200,000							
			Austin, TX 78703					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF		Dues	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Membership	due	es to Texas Climate Caucus
		L			L			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held
	expenditure to benefit C/OI	4						

			EXPENDITURE CATEG	ORIES FO	R B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 46/97 Rpt:		Walle Jr., Armando L. (The Honorab	le)				00062108			
4	Date	5	Payee name								
	01/12/2023		Texas LGBTQ Caucus								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip C	ode						
	\$842.42		1100 Congress Ave								
		Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the top of this		(h)	Description					
ľ	OF	``'	Category (See Categories listed at the top of this Dues	schedule)	(0)		outsi	side of Texas. Complete Schedule T.			
	EXPENDITURE		Dues					, officeholder living expense			
						Membership	due	es for Texas LGBTQ Caucus			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held			
	Date		Payee name								
	06/21/2023		Texas Monthly								
	Amount (\$)	-	Payee address; City; Sta	te; Zip C	ode						
	\$103.27		P.O. Box 1569		ouc						
	\$103.27		P.O. B0x 1509								
			Austin, TX 78767								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Subscription	schedule)	(b)		ı, TX,	side of Texas. Complete Schedule T. K, officeholder living expense S Monthly			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	04/13/2023		UH Athletics								
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode						
	\$116.00		3204 Cullen Blvd.	ιιe, zip c	oue						
	Φ110.00		S204 Cullen Blvu.								
			Houston, TX 77204								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense					side of Texas. Complete Schedule T.			
								k, officeholder living expense			
						Donation of t	ICKE	ets to constituents			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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				2	Filer ID (Ethics Commission Filers)
-	Sch: 47/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)	1			00062108
4	Date	5	Payee name				
	01/11/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$19.91		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	cuuic)		outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Session
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held
	Date		Payee name				
	01/12/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$13.90		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Transportatio	on t	for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held
	Date		Payee name				
	01/17/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$1.00		1455 Market St.				
			#400				
			San Francisco, CA 94103				
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description		
	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission File	ers)
1	Sch: 48/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108	515)
4	Date	5	Payee name					
	01/17/2023		Uber					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$21.93		1455 Market St.					
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related	,			side of Texas. Complete Schedule T.	
			Expense				K, officeholder living expense	
					Transportatio	on t	for work related to Legislative Se	ssion
_			Candidate/Officeholder name O				Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Landidate/Officenoider name O	Office sou	JUL		Office held	
	Date		Payee name					
	01/18/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$11.22		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outs	side of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Se	ssion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O)ffice sou	jht		Office held	
		-						
	Date		Payee name					
	01/23/2023		Uber					
	Amount (\$)			Zip Co	de			
	\$1.00		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T. <, officeholder living expense	
			Expense				for work related to Legislative Se	ssion
-	Complete ONLY if direct	L(Candidate/Officeholder name O	Office soug	aht		Office held	
	expenditure to benefit C/OI							

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 49/97 Rpt:		Walle Jr., Armando L. (The Honorable))			00062108
4	Date 01/23/2023	5	Payee name Uber				
6	Amount (\$)	7	Payee address; City; State;	; Zip Coo	le		
	\$27.51		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(0)		L			
°	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Expense				, officeholder living expense
					Transportatio	on f	or work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	01/23/2023		Uber				
_	Amount (\$)		Payee address; City; State;	; Zip Coo	le		
	\$5.31		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	DUDDOCE						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	b) Description	oute	ide of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				, officeholder living expense
					Transportatio	on f	or work related to Legislative Session
							-
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	01/24/2023		Uber				
-	Amount (\$)		Payee address; City; State;	; Zip Coo	le		
	\$8.30		1455 Market St.	, 1			
			#400				
			San Francisco, CA 94103				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	b) Description	oute	ide of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				, officeholder living expense
			Expense				or work related to Legislative Session
					-		-
	Complete ONLY if direct	L(Candidate/Officeholder name C	Office soug	ht		Office held
	expenditure to benefit C/OI						

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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)
-	Total names Calesdula F1.	_	-		ipiete tins ionii.	1	Filer ID (Ethios Commission Filers)
1	Total pages Schedule F1:	2				3	
	Sch: 50/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	01/24/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$9.98		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF	ľ	Transportation Equipment & Related	euule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austir	ı, TX	, officeholder living expense
					Transportatio	on f	or work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office souç	ht		Office held
	Date		Payee name				
	01/25/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$9.94		1455 Market St.				
			#400				
			San Francisco, CA 94103				
_	PURPOSE	(0)					
	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Polated	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				, officeholder living expense
					Transportatio	on f	or work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	01/25/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$11.45		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	DUDDOCE	(-)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				, officeholder living expense
			1		Transportatio	on f	or work related to Legislative Session
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ht		Office held
	expenditure to benefit C/OI	4					

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)
1	Sch: 51/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108
4	Date	5	Payee name				
	01/25/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$9.91		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
	OF	ľ	Transportation Equipment & Related	edule)		l outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportati	on f	for work related to Legislative Sessior
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght		Office held
	Date		Payee name				
	01/25/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$14.98		1455 Market St.				
			#400				
			San Francisco, CA 94103				
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description		
	OF		Transportation Equipment & Related	euule)		l outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Aust	n, TX	K, officeholder living expense
					Transportati	on f	for work related to Legislative Sessior
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	yht		Office held
	Date		Payee name				
	01/25/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$1.00		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(0)		1	(b) Decemination		
	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)	(b) Description	l outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
			1		Transportati	on f	for work related to Legislative Sessior
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght		Office held
	expenditure to benefit C/OI	H					

		EXPENDITURE	CATEGORIES FOR B	3OX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Overhe Polling Expen Expense Printing Expen	ense Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
1	Sch: 52/97 Rpt:	/alle Jr., Armando L. (The F	Honorable)	00062108
4		ayee name		
	01/26/2023	ber		
6	Amount (\$) \$9.90	ayee address; City; 455 Market St. 400 an Francisco, CA 94103	State; Zip Code	2
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ransportation Equipment & xpense		 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t Office held
	Date	ayee name		
	01/30/2023	ber		
	Amount (\$) \$13.92	ayee address; City; 455 Market St. 400 an Francisco, CA 94103	State; Zip Code	2
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ransportation Equipment & xpense		 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	t Office held
	Date	ayee name		
	01/30/2023	ber		
	Amount (\$) \$19.02	ayee address; City; 455 Market St. 400 an Francisco, CA 94103	State; Zip Code	2
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ransportation Equipment & xpense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	It 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		-	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_	Tatal warman Oak adula Ett				ipiete this form.		Files ID (Ethics Commission File	(r)
1	Total pages Schedule F1: Sch: 53/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)	I		3	Filer ID (Ethics Commission Filer 00062108	S)
4	Date	5	Payee name					
	01/30/2023		Uber					
6	Amount (\$) \$1.00	7	Payee address; City; State; 1455 Market St.	Zip Coo	le			
	φ1.00							
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.	
			Expense				, officeholder living expense for work related to Legislative Ses	scion
					Παπορυτιατία	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of work related to Legislative Ses	51011
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice soug	ht		Office held	
	Date		Payee name					
	02/08/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Coo	le			
	\$8.35		1455 Market St.					
	\$0.00		#400					
			San Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense	
			Expense				or work related to Legislative Ses	sion
					Transportatio		of work related to Legislative dec	50011
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ht		Office held	
	Date		Payee name					
	02/08/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Coo	le			
	\$3.00		1455 Market St.	2.0 000				
	\$0.00		#400					
			San Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense	
			Expense				or work related to Legislative Ses	sion
					Transportatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of work related to Legislative Sea	531011
-	Complete ONLY if direct		Candidate/Officeholder name C	Office soug	ht		Office held	
	expenditure to benefit C/OF			2000 30UL			Onice field	

		EXPENDITURE CATEGORIES F	DR 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 Printing	epayment/Reimbursement tverhead/Rental Expense Expense Expense /Wages/Contract Labor 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:	ILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 54/97 Rpt:	Valle Jr., Armando L. (The Honorable)		00062108
4	Date 02/09/2023	ayee name Iber		
6	Amount (\$)	ayee address; City; State; Zip	Code	
	\$10.92	455 Market St.		
		400		
		an Francisco, CA 94103		
8	PURPOSE	ategory (See Categories listed at the top of this schedule)	(b) Description	
-	OF	ransportation Equipment & Related		outside of Texas. Complete Schedule T.
	EXPENDITURE	xpense		n, TX, officeholder living expense
			Transportatio	on for work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office s	pught	Office held
	Date	ayee name		
	02/09/2023	lber		
	Amount (\$)	ayee address; City; State; Zip	Code	
	\$5.00	455 Market St.		
		400		
		an Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ransportation Equipment & Related expense	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense on for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held
	Date	ayee name		
	02/09/2023	lber		
	Amount (\$)	ayee address; City; State; Zip	Code	
	\$19.98	455 Market St.		
		400		
		an Francisco, CA 94103		
	PURPOSE	ategory (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE	ransportation Equipment & Related expense	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense on for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office s	bught	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·		•	2	Filer ID (Ethics Commission Filers)	
-	Sch: 55/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)				00062108	
4	Date	5	Payee name					
	02/10/2023		Uber					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$11.00		1455 Market St.					
			#400					
		San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			
	OF	ľ	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				X, officeholder living expense	
					Transportatio	on f	for work related to Legislative Session	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held	
	Date		Payee name					
	02/14/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$8.54		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outs	side of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				X, officeholder living expense	
					Transportatio	on f	for work related to Legislative Session	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Int		Office held	
		-						
	Date		Payee name					
	02/15/2023		Uber					
	Amount (\$)			Zip Co	le			
	\$11.31		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.	
			Expense				X, officeholder living expense	
					rransportatio	וות	for work related to Legislative Sessi	
_	Complete ONLY if direct	Ľ		offico corr	uht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jiit		Office field	

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			•	2	Filer ID (Ethics Commission Filers)	
-	Sch: 56/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108	
4	Date	5	Payee name					
	02/16/2023	Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$14.11		1455 Market St.					
			#400					
		San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description			
-	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sessi	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held	
	Date		Payee name					
	02/17/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$9.92		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description			
	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sessi	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Iht		Office held	
	expenditure to benefit e/or							
	Date		Payee name					
	02/22/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$32.07		1455 Market St.					
			#400					
			San Francisco, CA 94103					
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sessi	
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Jht		Office held	
	expenditure to benefit C/OI	Η						

		EXPENDITURE CATEG	ORIES 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 ttee Legal Services The Instruction Guide explain	Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C s how to complete	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Ontract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
-	Sch: 57/97 Rpt:	alle Jr., Armando L. (The Honorabl	e)	00062108					
4	Date 02/22/2023	ayee name ber							
6	Amount (\$)		e; Zip Code						
	\$18.04	1455 Market St. #400 San Francisco, CA 94103							
8	PURPOSE	ategory (can be categories listed at the tap of this a	ahadula) (b) r	Description					
 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Set 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					
	Date	ayee name							
	02/22/2023	ber							
	Amount (\$)	ayee address; City; Stat	e; Zip Code						
	\$13.62	455 Market St.							
		400							
		an Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s ansportation Equipment & Related xpense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ransportation for work related to Legislative Session					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					
	Date	ayee name							
	02/22/2023	ber							
	Amount (\$) \$32.73	ayee address; City; Stat 155 Market St. 100 an Francisco, CA 94103	e; Zip Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s ansportation Equipment & Related xpense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Session					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)
-	Sch: 58/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	02/23/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le		
	\$19.93		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
-	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				c, officeholder living expense
					Transportatio	on f	for work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	02/23/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Coo	le		
	\$11.66		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
	OF	ľ	Transportation Equipment & Related	euule)	·	outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austir	n, TX	c, officeholder living expense
					Transportatio	on f	for work related to Legislative Session
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ht		Office held
	Date		Payee name				
	02/23/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Coo	le		
	\$11.97		1455 Market St.				
	+==:01		#400				
			San Francisco, CA 94103				
	DUDDOOF	(-)			7.) <u> </u>		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				c, officeholder living expense
							for work related to Legislative Sessio
					-		-
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office soug	ht		Office held
	expenditure to benefit C/OI						

			EXPE	NDITURE CATE	GORIES FOF	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards Legal Servi	rage Expense s/Memorials Expense	Office Ove Polling Exp Printing Exp Salaries/W	kpense /ages/Contract Labo	nse or	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 EILE						Filer ID	(Ethics Commission Filers)
1	Sch: 59/97 Rpt:			L. (The Honora	ble)		3	00062108	
4	Date 02/23/2023	5 Paye Ube	ee name r						
6	Amount (\$) \$12.97	7 Payee address; City; State; Zip Code 2.97 1455 Market St. #400 San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Transportation Equipment & Related Expense Image: Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Set						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder	name	Office sou	ght		Office he	əld
	Date	Paye	ee name						
	02/23/2023	Ube	r						
	Amount (\$) \$18.92	145 #40	5 Market St.		tate; Zip Co	de			
	PURPOSE OF EXPENDITURE	Trai		es listed at the top of thi pment & Relate		Check if	travel outs Austin, TX	side of Texas. Com <, officeholder living for work relat	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder	name	Office sou	ght		Office he	eld
	Date	Pave	ee name						
	02/24/2023	Ube							
	Amount (\$) \$10.99	145 #40	5 Market St.		tate; Zip Co	de			
	PURPOSE OF EXPENDITURE	Trai		es listed at the top of thi pment & Relate	,	Check if	travel outs Austin, TX	side of Texas. Com <, officeholder living for work relat	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder	name	Office sou	ght		Office he	əld

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			• • • • • •	3	Filer ID (Ethics Commission Filers)			
	Sch: 60/97 Rpt:	2	Walle Jr., Armando L. (The Honorable))			00062108			
4	Date	5	Payee name			<u> </u>				
	03/07/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le					
	\$10.96		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
-	OF		Transportation Equipment & Related	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	ı, ТХ	, officeholder living expense			
					Transportatio	on f	or work related to Legislative Sessior			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	03/07/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$1.00		1455 Market St.	, <u> </u>						
	\$1.00		#400							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense			
			Expense				or work related to Legislative Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held				Office held			
	Date		Payee name							
	03/08/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$29.10		1455 Market St.							
			#400							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.			
			Expense				, officeholder living expense or work related to Legislative Sessior			
					Turisportatio	/11 1	or work related to Legislative Session			
_	Complete ONLV if direct	Ļ	Sandidato/Officeholder same	Office cour	uht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jiit		Onice neid			

		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 begal 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: 61/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 03/08/2023	Payee name Uber							
6	Amount (\$) \$36.80	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103							
8	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Transportation Equipment & Related Transportation for work related to Legislative Ses								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/09/2023	Uber							
	Amount (\$) \$14.94	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense on for work related to Legislative Session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/09/2023	Uber							
	Amount (\$) \$15.91	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Expense Check if Aust	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense on for work related to Legislative Session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 62/97 Rpt:		Walle Jr., Armando L. (The Honorable)			ľ	00062108
4	Date 03/10/2023	5	Payee name Uber				
6	Amount (\$)	7		Zip Co	10		
ľ	\$10.93	ľ	1455 Market St.				
	φ10.35		#400				
			San Francisco, CA 94103				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Tanan Consults Only data T
	EXPENDITURE		Transportation Equipment & Related Expense				side of Texas. Complete Schedule T. K, officeholder living expense
			Expense				for work related to Legislative Session
					·		5
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ıht		Office held
	Date		Payee name				
	03/10/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$3.00		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)	Check if Austin	n, TX	side of Texas. Complete Schedule T. c, officeholder living expense for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıht		Office held
	Date		Payee name				
	03/15/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$23.70		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(0)		i			
	OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related Expense	edule)	Check if Austin	n, TX	side of Texas. Complete Schedule T. (, officeholder living expense for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ıht		Office held
⊢							

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	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:	P FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 63/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 03/16/2023	Payee nameUber							
6	Amount (\$) \$3.55	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103							
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Comparison of the second schedule of the schedule of								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/16/2023	Uber							
	Amount (\$) \$11.96	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative Session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/17/2023	Uber							
	Amount (\$) \$8.60	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense n for work related to Legislative Session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)
-	Sch: 64/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	03/17/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$1.00		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)			(b) Description		
-	OF	(,	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessio
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	03/17/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$10.98		1455 Market St.				
			#400				
			San Francisco, CA 94103				
_	PURPOSE	(a)			(b) Description		
	OF	(~,	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessio
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	03/20/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$20.21		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE						
	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Transportation Equipment & Related Expense				(, officeholder living expense
							for work related to Legislative Sessio
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Iht		Office held
	expenditure to benefit C/OF	H					

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 65/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108	
4	Date 03/20/2023	5	Payee name Uber					
6	Amount (\$)	7	Payee address; City; State;	Zip Coc	e			
-	\$1.00		1455 Market St.					
			#400					
			San Francisco, CA 94103					
_								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. K, officeholder living expense	
			Expense				for work related to Legislative Sess	ion
					ranoportatio	,,,,,		.0.1
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office soug	ht		Office held	
	Date		Payee name					
	03/22/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Coc	e			
	\$7.83		1455 Market St.					
	41100		#400					
			San Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. K, officeholder living expense	
			Expense				for work related to Legislative Sess	ion
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice soug	ht		Office held	
	Date		Payee name					=
	03/22/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Coc	<u>م</u>			_
	\$1.00		1455 Market St.	210 000	C			
	\$1.00		#400					
			San Francisco, CA 94103	i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. 4. officeholder living expense	
			Expense				for work related to Legislative Sess	ion
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	Office soug	ht		Office held	
	expenditure to benefit C/OI			mue souy				
								_

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · ·			3	Filer ID (Ethics Commission Filers)
1	Sch: 66/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			3	00062108
4	Date	5	Payee name				
	03/22/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$8.01		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	cuuic)		outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Transportatio	on t	for work related to Legislative Session
_	Operation ONITY is diverged						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held
	Date		Payee name				
	03/22/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$12.93		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	,			side of Texas. Complete Schedule T.
			Expense				(, officeholder living expense
					Transportatio	on t	for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C) Office sou	ıht		Office held
-	Date	<u> </u>	Payee name				
	03/24/2023		Uber				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$13.90		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description		
	OF	(")	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Session
	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 Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 67/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 03/24/2023	Payee name Uber								
6	Amount (\$) \$17.94	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103								
8	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense n for work related to Legislative Session							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/24/2023	Uber								
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense n for work related to Legislative Session							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/28/2023	Uber								
	Amount (\$) \$12.50	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense n for work related to Legislative 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	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor	Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	FILER NA	ИЕ				3 Filer ID	(Ethics Commission Filers)	
	Sch: 68/97 Rpt:		Armando L. (The H	onorable)			00062108		
4	Date 03/28/2023	Payee nan Uber	16						
6	Amount (\$) \$1.00	Payee add 1455 Mar #400 San Fran		State;	Zip Code				
8	PURPOSE OF EXPENDITURE		(See Categories listed at the ation Equipment & I		_{dule)} (b	Check if Austin	outside of Texas. Com n, TX, officeholder living DN fOr WORK Rela		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	officeholder name	Of	ffice sought	I	Office h	eld	
	Date	Payee nan	ne						
	03/28/2023	Uber							
	Amount (\$) \$14.03	Payee add 1455 Mar #400 San Fran		State;	Zip Code				
	PURPOSE OF EXPENDITURE		(See Categories listed at the ation Equipment & I		_{dule)} (b	Check if Austin	outside of Texas. Com n, TX, officeholder living DN for Work rela		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	Officeholder name	Of	ffice sought	i	Office h	eld	
	Date	Payee nan	າຍ						
	03/29/2023	Uber							
	Amount (\$) \$8.29	Payee add 1455 Mar #400 San Fran		State;	Zip Code				
	PURPOSE OF EXPENDITURE		(See Categories listed at the ation Equipment & I		_{dule)} (b	Check if Austin	outside of Texas. Com n, TX, officeholder livin; DN for Work rela		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/C	Officeholder name	Of	ffice 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · ·		• • • • •	3	Filer ID (Ethics Commission Filers)			
	Sch: 69/97 Rpt:	2	Walle Jr., Armando L. (The Honorable))			00062108			
4	Date	5	Payee name							
	03/30/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le					
	\$1.00		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	(~)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	nedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	ı, тх,	officeholder living expense			
					Transportatio	on fo	or work related to Legislative Session			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	03/30/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	le					
	\$12.93		1455 Market St.	· •						
	+		#400							
			San Francisco, CA 94103							
	DUDDOCE									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Transportation Equipment & Related Expense				officeholder living expense			
					Transportatio	on fo	or work related to Legislative Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	04/10/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	le					
	\$50.48		1455 Market St.							
			#400							
			San Francisco, CA 94103							
-	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description					
	OF	("	Transportation Equipment & Related	nedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	ı, тх,	officeholder living expense			
					Transportatio	on fo	or work related to Legislative Session			
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 70/97 Rpt:	Walle Jr., Armando L. (The Honorable) 00062108
4 Date	5 Payee name
04/10/2023	Uber
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.95	1455 Market St.
	#400
	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment & Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Transportation for work related to Legislative Session
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/11/2023	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$1.00	1455 Market St.
	#400
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment & Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Transportation for work related to Legislative Session
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/11/2023	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$10.99	1455 Market St.
	#400
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
	Expense Check if Austin, TX, officeholder living expense
	Transportation for work related to Legislative Session
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

		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 F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				5	Filer ID (Ethics Commission Filers)		
1	Sch: 71/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108		
4	Date	5	Payee name						
	04/11/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$8.88		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(elube	(b) Description				
	OF	ľ	Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense				K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessic		
					-				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held		
	Date		Payee name						
	04/12/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$12.31		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description				
	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Check if Austin	ı, TX	K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Session		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	04/12/2023		Uber						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$13.91		1455 Market St.						
			#400						
			San Francisco, CA 94103						
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description				
	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Check if Austi	ı, TX	K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessic		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		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 Polinig Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 72/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date 04/12/2023	Payee name Uber								
6	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103								
8	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative Session							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/12/2023	Uber								
	Amount (\$) \$11.90	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative Session							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/13/2023	Uber								
	Amount (\$) \$8.88	Payee address;City;State;Zip Code1455 Market St.#400San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers	3	
1	Sch: 73/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108	<i>'</i>	
4	Date	5	Payee name						
	04/13/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$1.00		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Related	cuulc)		outs	side of Texas. Complete Schedule T.		
	EXPENDITORE		Expense				K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Ses	sion	
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office held		
	Date		Payee name						
	04/13/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11.99		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outs	side of Texas. Complete Schedule T.		
	EXPENDITORE		Expense				K, officeholder living expense		
					Transportatio	on t	for work related to Legislative Ses	sion	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C)ffice sou	jht		Office held		
	Date		Payee name					-	
	04/14/2023		Uber						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$1.00		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description			-	
	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense				K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Ses	sion	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		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	- Committe	ee Legal Servic	ge Expense Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Tra Tra Tra	ansportation E avel in District avel Out of Dis		
1	Total pages Schedule F1:	2 FIL	ER NAME				3 Fil	er ID	(Ethics Commission Filers)	
	Sch: 74/97 Rpt:	Wa	alle Jr., Armando I	(The Honorable)		00	062108		
4	Date	5 Pa	/ee name							
	04/14/2023	Ub								
6	Amount (\$)	7 Pay	/ee address; Ci	y; State	; Zip Cod	e				
	\$11.93	14	55 Market St.							
		#4(00							
		Sa	n Francisco, CA 9	4103						
8	PURPOSE	(a) Cat	egory (See Categories	listed at the top of this sch	nedule) (I	b) Description				
	OF EXPENDITURE		ansportation Equip		,		outside c	of Texas. Com	plete Schedule T.	
	EXPENDITORE	Ex	pense		Check if Austin		-			
						Transportatio	on for v	work relat	ted to Legislative Session	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder r	iame (Office sougl	nt		Office he	eld	
	Date	Pay	/ee name							
	04/24/2023	Ub	er							
	Amount (\$)	Pay	/ee address; Ci	y; State	; Zip Cod	e				
	\$28.90	14	55 Market St.							
		#4(00							
			n Francisco, CA 9	4103						
	PURPOSE OF EXPENDITURE	Tra	iegory _{(See Categories} ansportation Equip pense	listed at the top of this sch ment & Related	nedule) (I	Description Check if travel Check if Austir			iplete Schedule T.	
			pense						ted to Legislative Session	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder r	iame (Office sougl	nt		Office he	eld	
	Date	Pay	/ee name							
	05/12/2023	Ub								
	Amount (\$)	Pay	/ee address; Ci	y; State	; Zip Cod	9				
	\$49.15	14	55 Market St.							
		#4(00							
		Sa	n Francisco, CA 9	4103						
-	PURPOSE					b) Description				
	OF		ansportation Equip	listed at the top of this sch	nedule) (outside c	of Texas. Com	plete Schedule T.	
	EXPENDITURE		pense			Check if Austin				
						Transportatio	on for v	work relat	ted to Legislative Session	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder r	ame (Office sougl	nt		Office he	eld	
-										

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			• • • • •	3	Filer ID (Ethics Commission Filers)			
-	Sch: 75/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108			
4	Date	5	Payee name							
	05/12/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$1.00		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				K, officeholder living expense			
					Transportatio	on f	for work related to Legislative Session			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held			
	Date		Payee name							
	05/15/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$10.97		1455 Market St.							
			#400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE		Expense				c, officeholder living expense			
					Iransportatio	on t	for work related to Legislative Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C)ffice sou	ht		Office held			
-	Date		Payee name							
	05/16/2023		Uber							
-	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$10.90		1455 Market St.							
			#400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	a dada S	(b) Description					
	OF	(~)	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				c, officeholder living expense			
					Transportatio	on f	for work related to Legislative Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht	_	Office held			
	experiatore to benefit C/Of									

		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 f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				12	Filer ID (Ethics Commission Filers)		
1	Sch: 76/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108		
4	Date	5	Payee name						
	05/16/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$1.00		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description				
-	OF	,	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessio		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held		
	Date		Payee name						
	05/17/2023		Uber						
_	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$1.00		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oto	eide of Toylog, Complete Schoolule T		
	EXPENDITURE		Transportation Equipment & Related Expense				side of Texas. Complete Schedule T. K, officeholder living expense		
			Expense				for work related to Legislative Sessio		
_	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	iht		Office held		
	expenditure to benefit C/Oł				,				
_	Date		Dev						
	05/18/2023		Payee name Uber						
	Amount (\$)			Zip Co	le				
	\$10.40		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.		
			Expense				K, officeholder living expense		
					rransportatio	ו ות	for work related to Legislative Sessio		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	Office sou	Jht		Office held		
		•							

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · ·			3	Filer ID (Ethics Commission Filers)			
1	Sch: 77/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			J	00062108			
4	Date	5	Payee name							
	05/18/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$8.48		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
	OF		Transportation Equipment & Related	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				c, officeholder living expense			
					Transportatio	on f	for work related to Legislative Session			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held			
	Date		Payee name							
	05/18/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$9.42		1455 Market St.							
			#400							
			San Francisco, CA 94103							
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description					
	OF		Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austir	n, TX	c, officeholder living expense			
					Transportatio	on f	for work related to Legislative Session			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	ht		Office held			
	Date		Payee name							
	05/18/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$25.33		1455 Market St.	•						
			#400							
			San Francisco, CA 94103							
	PURPOSE	(0)								
	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				(, officeholder living expense			
					Transportatio	on f	for work related to Legislative Session			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	lht		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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	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 Cabadula F1	2				1-	Filer ID (Ethics Commission Filers)	-	
L.	Total pages Schedule F1: Sch: 78/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062108		
4	Date	5	Payee name						
	05/19/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$1.00		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description			-	
	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense				K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessi	on	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held		
	Date		Payee name						
	05/19/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	le			_	
	\$7.49		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE	(a)			(b) Description			_	
	OF	(~)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Check if Austin	ı, TX	K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessi	on	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held		
	Date		Payee name					=	
	05/19/2023		Uber						
-	Amount (\$)		Payee address; City; State;	Zip Co	le			_	
	\$8.49		1455 Market St.	P					
			#400						
			San Francisco, CA 94103						
	DUDDOCE							_	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Transportation Equipment & Related Expense				K, officeholder living expense		
					Transportatio	on f	for work related to Legislative Sessi	on	
	Complete ONLY if direct		Candidate/Officeholder name O	Office soug	ht		Office held		
	expenditure to benefit C/OI	H							
								┨	

			EXPENDI	TURE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains			ment/Reimbursement lead/Rental Expense nse ense ges/Contract Labor plete this form.	T T T	ransportation E ravel in District ravel Out of Dis	
1	Total pages Schedule F1:	2 FILE	R NAME				3 F	iler ID	(Ethics Commission Filers)
	Sch: 79/97 Rpt:		le Jr., Armando L. (The Honorable)		0	0062108	
4	Date	5 Paye	e name						
	05/25/2023	Ube							
6	Amount (\$)	7 Paye	e address; City;	State	; Zip Cod	е			
	\$1.00	145	5 Market St.						
		#40	D						
		San	Francisco, CA 941	03					
8	PURPOSE	(a) Cate	GOry (See Categories liste	d at the top of this sch	nedule) (b) Description			
	OF EXPENDITURE		sportation Equipme			Check if travel			plete Schedule T.
	EXPENDITORE	Exp	ense			Check if Austin			
						Iransportatio	on for	work relat	ted to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder nam	e (Office soug	nt		Office he	eld
	Date	Paye	e name						
	05/25/2023	Ube	r						
	Amount (\$)	Paye	e address; City;	State	; Zip Cod	е			
	\$15.93	145	5 Market St.						
		#40	0						
		San	Francisco, CA 941	03					
	PURPOSE	(a) Cate	GOIY (See Categories liste	d at the top of this sch	nedule)	b) Description			
	OF EXPENDITURE		nsportation Equipme	ent & Related					plete Schedule T.
		Exp	ense						ted to Legislative Session
						Παπορυταιίο		WUIKTEIAI	led to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date/Officeholder nam	e (Office soug	nt		Office he	eld
	Date	Pave	e name						
	05/26/2023	Ube							
	Amount (\$)	Paye	e address; City;	State	; Zip Cod	e			
	\$10.26	145	5 Market St.						
		#40	D						
		San	Francisco, CA 941	03					
	PURPOSE	(a) Cate	gory (See Categories liste	d at the top of this sch	nedule)	b) Description			
	OF EXPENDITURE	Trai	nsportation Equipme	ent & Related					plete Schedule T.
		Exp	ense			Check if Austin			
						Transportatio	n ior	work relat	ted to Legislative Session
-	Complete ONLY if direct	Candi	date/Officeholder nam	e (Office soug	nt		Office he	eld
	expenditure to benefit C/OI				0				

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·		• • • • •	3	Filer ID (Ethics Commission Filers	5)
-	Sch: 80/97 Rpt:		Walle Jr., Armando L. (The Honorable))			00062108	5)
4	Date	5	Payee name					
	05/30/2023		Uber					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le			
	\$25.94		1455 Market St.					
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description			
-	OF		Transportation Equipment & Related	iedule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				, officeholder living expense	
					Transportatio	on f	or work related to Legislative Ses	sion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	05/30/2023		Uber					
	Amount (\$)		Payee address; City; State;	; Zip Co	le			
	\$16.93		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(0)	-					
	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	iedule)	(b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				, officeholder living expense	
			•		Transportatio	on f	or work related to Legislative Ses	sion
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held	
_	Date		Payee name					
	05/30/2023		Uber					
	Amount (\$)			; Zip Co	10			
	\$0.35		1455 Market St.	, Zip Cot				
	Φ0.55							
			#400					
			San Francisco, CA 94103					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description			
	EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T. , officeholder living expense	
			Expense				or work related to Legislative Ses	sion
					Transportatio			0.011
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	iht		Office held	
	expenditure to benefit C/OF			2.1100 3000				

			EXPENDITURE CATEG	ORIES FOR	BOX 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 explair	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Travel in Dis Travel Out o	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 81/97 Rpt:		Walle Jr., Armando L. (The Honorab	le)		0006210	8
4	Date 05/30/2023		Payee name Uber				
6	Amount (\$) \$8.57		Payee address; City; Sta 1455 Market St. #400 San Francisco, CA 94103	ite; Zip Cod	e		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Transportation Equipment & Related Expense		Check if Austin	n, TX, officeholder li	Complete Schedule T. iving expense elated to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office soug	ht	Office	e held
	Date		Payee name				
	05/30/2023		Uber				
	Amount (\$) \$20.50		Payee address; City; Sta 1455 Market St. #400 San Francisco, CA 94103	te; Zip Cod	e		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Transportation Equipment & Related Expense		Check if Austin	n, TX, officeholder li	Complete Schedule T. Iving expense Plated to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office soug	ht	Office	e held
	Date		Payee name				
	05/30/2023		Uber				
	Amount (\$) \$8.68		Payee address; City; Sta 1455 Market St. #400 San Francisco, CA 94103	ite; Zip Cod	e		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Transportation Equipment & Related Expense		Check if Austin	n, TX, officeholder li	Complete Schedule T. Iving expense Plated to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office soug	ht	Office	e held

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				12	Filer ID (Ethics Commission Filers)
1	Sch: 82/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108
4	Date	5	Payee name				
	05/31/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$9.15		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF	ľ	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				X, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessic
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	05/31/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$9.90		1455 Market St.				
			#400				
			San Francisco, CA 94103				
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF	ľ	Transportation Equipment & Related	cuuic)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				X, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessic
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Jht		Office held
	Date		Payee name				
	04/17/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$12.95		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.
			Expense				X, officeholder living expense
					Transportan	ווונ	for work related to Legislative Sessic
_	Complete ONLY if direct	L	Candidate/Officeholder name O	office soug	uht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			muce sou(jin		
-							

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)
1	Sch: 83/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)				00062108
4	Date	5	Payee name				
	04/19/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$1.00		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	cuule)		l outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Iransportati	on 1	for work related to Legislative Session
_					1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jnt		Office held
	Date		Payee name				
	04/19/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$21.64		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if trave	l outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Transportati	on 1	for work related to Legislative Session
	Complete ONLY if direct		Candidate/Officeholder name C	Office soug	nht		Office held
	expenditure to benefit C/OI				jin		
-	Date	Γ	Payee name				
	04/19/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$8.88		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
	OF		Transportation Equipment & Related	euule)		l outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportati	on f	for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)
1	Sch: 84/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)			ľ	00062108
4	Date	5	Payee name				
	04/20/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$8.88		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(~)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessio
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ıht		Office held
	Date		Payee name				
	04/20/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$11.90		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)			(b) Description		
	OF	[^(u)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessio
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Iht		Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	04/20/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$11.91		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)			(b) Description		
	OF	(4)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense		Check if Austin	ı, TX	K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessio
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Jht		Office held
	expenditure to benefit C/OI	Н					

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·		•	2	Filer ID (Ethics Commission Filers)	
-	Sch: 85/97 Rpt:		Walle Jr., Armando L. (The Honorable)			ľ	00062108	
4	Date	5	Payee name					
	04/21/2023		Uber					
6	Amount (\$)	7		Zip Co	le			
	\$18.20		1455 Market St.					
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related	Juuroj		outs	side of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sess	ion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held	
	Date		Payee name					_
	04/21/2023		Uber					
_	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$1.00		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	DUDDOOD		-					_
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	side of Texas. Complete Schedule T.	
	EXPENDITURE		Transportation Equipment & Related Expense				X, officeholder living expense	
			Expense				for work related to Legislative Sess	ion
					·		ç	
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	Iht		Office held	
	expenditure to benefit C/OI				-			
_	Date	<u> </u>	Power name					_
	04/21/2023		Payee name Uber					
								_
	Amount (\$)			Zip Co	le			
	\$11.91		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.	
	-		Expense				K, officeholder living expense for work related to Legislative Sess	ion
					Tansportatio	וות	ior work related to Legislative Sess	
_								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	Int		Office held	
I								- 1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above) 1 Total pages Schedule F1: Sch: 86/97 Rpt: 2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062108 4 Date 04/24/2023 5 Payee name Uber 5 Payee address; City; State; Zip Code 1455 Market St. State; Zip Code
1 Total pages Schedule F1: Sch: 86/97 Rpt: 2 FILER NAME Walle Jr., Armando L. (The Honorable) 3 Filer ID 00062108 (Ethics Commission Filers) 00062108 4 Date 04/24/2023 5 Payee name Uber
Sch: 86/97 Rpt: Walle Jr., Armando L. (The Honorable) 00062108 4 Date 04/24/2023 5 Payee name Uber
04/24/2023 Uber 6 Amount (\$) 7 Payee address; City; State; Zip Code
6 Amount (\$) 7 Payee address; City; State; Zip Code
\$27.91 1455 Market St.
#400
San Francisco, CA 94103
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Transportation Equipment & Related
Expense Check if Austin, TX, officeholder living expense
Transportation for work related to Legislative Session
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
04/25/2023 Uber
Amount (\$) Payee address; City; State; Zip Code
\$7.98 1455 Market St.
#400
San Francisco, CA 94103
OF Transportation Equipment & Related
EXPENDITURE Expense Check if Austin, TX, officeholder living expense
Transportation for work related to Legislative Session
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
04/25/2023 Uber
Amount (\$) Payee address; City; State; Zip Code
\$1.00 1455 Market St.
#400
San Francisco, CA 94103
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
Expense Check if Austin, 1X, officenoider living expense
Transportation for work related to Legislative Session
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held 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		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	head/Renta ense pense ages/Contra	act Labor	ר ר ר	Transportation E Travel in District Travel Out of Dis	raising Expense quipment & Related Expense strict category not listed above)	
1	Total pages Schedule F1:	2					2 0	-iler ID	(Ethics Commission File	rc)
1	Sch: 87/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)				-	00062108		15)
4	Date	5	Payee name							
	04/25/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$15.91		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription				
	OF		Transportation Equipment & Related	cuuc)	_		outside	e of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					fficeholder living		
					Trar	nsportatio	n for	r work relat	ed to Legislative Ses	ssion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	iht			Office he	eld	
	Date		Payee name							
	04/26/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$9.97		1455 Market St.							
			#400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription				
	OF		Transportation Equipment & Related	ouuloj	_	•	outside	e of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					fficeholder living		
					Trar	nsportatio	n for	r work relat	ed to Legislative Se	ssion
	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	ıht			Office he	ald	
	expenditure to benefit C/OI				jint			onice ne		
	Date	Γ	Payee name							
	04/26/2023		Uber							
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	le					
	\$12.96		1455 Market St.							
	+==::::		#400							
			San Francisco, CA 94103							
	5055005				<i>a</i> > -					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des		outside	of Texas Com	plete Schedule T.	
	EXPENDITURE		Transportation Equipment & Related Expense					fficeholder living	•	
									ed to Legislative Ses	ssion
	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	jht			Office he	eld	
	expenditure to benefit C/OI	Н								

			EXPENDITURE CATEGOR	RIES FOR	вох	(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	rhead/R ense pense ages/Co	Reimbursement Rental Expense ontract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2			inprete		2	Filer ID	(Ethics Commission Filers)
1	Sch: 88/97 Rpt:	2	Walle Jr., Armando L. (The Honorable)	1				00062108	
4	Date	5	Payee name						
	04/27/2023		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$12.99		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	Description			
	OF EXPENDITURE		Transportation Equipment & Related	ouuloj	Ē		outsic	de of Texas. Comp	plete Schedule T.
	EXPENDITORE		Expense					officeholder living	
					Т	ransportation	n fc	or work relate	ed to Legislative Session
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	ld
	Date		Payee name						
	04/27/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$24.13		1455 Market St.						
			#400						
			San Francisco, CA 94103						
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) D	Description			
	OF		Transportation Equipment & Related	edule)	(, Β		outsic	de of Texas. Comp	plete Schedule T.
	EXPENDITURE		Expense		Ē	Check if Austin,	TX,	officeholder living	expense
					Т	ransportatio	n fc	or work relate	ed to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	ld
	Date		Payee name						
	04/27/2023		Uber						
	Amount (\$)		Payee address; City; State;	Zip Co	he				
	\$10.93		1455 Market St.	p 00.					
	+20.00		#400						
			San Francisco, CA 94103						
	5055005				<u> </u>				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(0) D	Description	outeir	de of Texas. Comp	alete Schedule T
	EXPENDITURE		Transportation Equipment & Related Expense		⊨			officeholder living	
					Т				ed to Legislative Session
	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght			Office he	ld
	expenditure to benefit C/OI	Η							

			EXPENDITURE 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 Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·			2	Filer ID (Ethics Commission Filers)	—
-	Sch: 89/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108	
4	Date	5	Payee name					
	04/28/2023		Uber					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$11.97		1455 Market St.					
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description			_
-	OF		Transportation Equipment & Related	euule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sess	on
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held	
	Date		Payee name					
	04/28/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$1.00		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(2)			(b) Decerimtica			_
	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense				X, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sess	on
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Iht		Office held	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	04/28/2023		Uber					
	Amount (\$)		Payee address; City; State;	Zip Co	le			_
	\$8.17		1455 Market St.					
			#400					
			San Francisco, CA 94103					
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulc)	(b) Description			\neg
	OF	,	Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Expense		Check if Austir	ı, TX	K, officeholder living expense	
					Transportatio	on f	for work related to Legislative Sess	on
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Iht		Office held	٦
	expenditure to benefit C/OI	Н						_
								٦

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 90/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108
4	Date 05/01/2023	5 Payee name Uber	
6	Amount (\$) \$1.00	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense n for work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/02/2023	Uber	
	Amount (\$) \$18.46	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative Session
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/02/2023	Uber	
	Amount (\$) \$3.00	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense n for work related to Legislative 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/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee 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: 91/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 05/02/2023	Payee name Uber						
6	Amount (\$) \$6.00	7 Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for work related to Legislative Ses 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/03/2023	Uber						
	Amount (\$) \$8.31	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	Expense Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense n for work related to Legislative Session					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/04/2023	Uber						
	Amount (\$) \$11.89	Payee address;City;State; Zip Code1455 Market St.#400San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	Expense Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense n for work related to Legislative Session					
	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 h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 92/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108
4	Date 05/04/2023	5	Payee name Uber				
6	Amount (\$)	7		Zip Co	10		
ľ	\$10.99	ľ	1455 Market St.				
	Φ10.99						
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T.
			Expense				<, officeholder living expense for work related to Legislative Sessic
					manspontatio	,,,,,	for work related to Legislative Sessic
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ht		Office held
_	Date		Davias nome				
	05/04/2023		Payee name Uber				
	Amount (\$)			Zip Co	le		
	\$11.93		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	ŗ	Check if travel	outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessic
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	lht		Office held
	Date		Payee name				
	05/04/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$7.22		1455 Market St.				
			#400				
			San Francisco, CA 94103				
_	PURPOSE	(a)			(b) Description		
	OF	(a)	Category (See Categories listed at the top of this sche Transportation Equipment & Related	edule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				K, officeholder living expense
					Transportatio	on f	for work related to Legislative Sessic
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ht		Office held
	expenditure to benefit C/OH						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 93/97 Rpt:		Walle Jr., Armando L. (The Honorable)			ľ	00062108
4	Date	5	Payee name				
	05/05/2023		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$12.18		1455 Market St.				
			#400				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related	,		outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Expense				X, officeholder living expense
					Transportatio	on t	for work related to Legislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held
	Date		Payee name				
	05/09/2023		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$7.06		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
			Transportation Equipment & Related	cuule)		outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Expense				X, officeholder living expense
					Transportatio	on t	for work related to Legislative Session
	Operation ONITY is aligned						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	Int		Office held
_	-	1					
	Date		Payee name				
	05/09/2023		Uber				
	Amount (\$)			Zip Co	le		
	\$11.96		1455 Market St.				
			#400				
			San Francisco, CA 94103				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Transportation Equipment & Related				side of Texas. Complete Schedule T. X, officeholder living expense
			Expense				for work related to Legislative Session
-	Complete ONLY if direct	L(Candidate/Officeholder name O	office soug	Iht		Office held
	expenditure to benefit C/OH						
-							

				EXPEND	ITURE CATEGO	RIES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	morials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re ense pense ages/Co	Reimbursement ental Expense ontract Labor		Solicitation/Fun Transportation I Travel in Distric Travel Out of Di OTHER (enter a	Equipment &	Related Expense
	-				ion Guide explains	how to cor	nplete	this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)
	Sch: 94/97 Rpt:		Walle Jr., A	rmando L.	(The Honorable))				00062108		
4	Date	5	Payee name									
	05/09/2023		Uber									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$1.00		1455 Marke	et St.								
			#400									
			San Francis	sco. CA 941	103							
8	PURPOSE	(₂)					(h) D					
0	OF	(a)			ted at the top of this sch Ient & Related	iedule)		escription Check if travel o	outsio	de of Texas. Con	plete Scher	dule T.
	EXPENDITURE		Expense					4		officeholder livin		
							Ti	- ransportatio	n fo	or work rela	ted to Lo	egislative Session
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ceholder nar	me C	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/08/2023		Uncommon	Goods								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$192.23		140 58th St									
			Suite 5b									
			Brooklyn, N	Y 11220								
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b) D	escription				
	OF EXPENDITURE		Gift/Awards					-		de of Texas. Con		dule T.
							Ľ	4		officeholder livin	g expense	
							5	ession comr	mu	ee gins		
	Complete ONLY if direct		Candidate/Off	ceholder nar	me (Office sou	nht			Office h	eld	
	expenditure to benefit C/OI						,					
-	Date		Payee name									
	03/17/2023			f Houston /	Alumni Associat	ion						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$3,200.00		3204 Culler	-		,						
	+ - ,											
			Houston, T	X 77204								
	PURPOSE OF	(a)			ted at the top of this sch	nedule)	(b) D	escription				
	EXPENDITURE		Contribution			vittoo	⊨	4		de of Texas. Con officeholder livin		dule T.
			Canuluale/	Jilicenolue	r/Political Comm	iiilee		4				for Awards Gala
							D				Solution	ioi / wai us Guid
	Complete ONLY if direct	<u>ر</u>	Candidate/Off	ceholder ner	ne (Office sou	nht			Office h	eld	
	expenditure to benefit C/OI					2.1100 3000	<u>, , , , , , , , , , , , , , , , , , , </u>			Chiec II	c.u	

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 Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)					
	Sch: 95/97 Rpt:	Walle Jr., Armando L. (The Honorable)00062108						
4	Date	5 Payee name						
	01/17/2023	Valvoline Instant Oil Change						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$122.18	11611 Main St						
		Roscoe, IL 61073						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Transportation Equipment & Related						
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense						
		Vehicle maintenance						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name	_					
	01/17/2023	Valvoline Instant Oil Change						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$225.99	11611 Main St						
		Roscoe, IL 61073						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense						
		Vehicle maintenance						
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OF	H						
_	Date	Payee name						
	01/03/2023	eRenterPlan						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.09	7585 Irvine Center Dr.						
		Suite 200						
		Irvine, CA 92618						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	X Check if Austin, TX, officeholder living expense						
		Renter's insurance for Session apartment						
	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		-	office Overhead/Rental Expense verage Expense Polling Expense rds/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: 96/97 Rpt:		Walle Jr., Armando L. (The Honorable)				00062108			
4	Date	5	Payee name							
	02/03/2023		eRenterPlan							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$31.09		7585 Irvine Center Dr.							
			Suite 200							
			Irvine, CA 92618							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description					
-	OF		Insurance	euule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Renter's insu	irar	nce for Session apartment			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held			
	Date		Payee name							
	03/06/2023		eRenterPlan							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$31.09		7585 Irvine Center Dr.							
			Suite 200							
			Irvine, CA 92618							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Insurance	edule)	X Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense nce for Session apartment			
						ii cai				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	04/03/2023		eRenterPlan							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$31.08		7585 Irvine Center Dr.							
			Suite 200							
			Irvine, CA 92618							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description					
	OF	ľ	Insurance	uuic)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Print	a Repayment/Reimbursement Solicitation/Fundraising Expense e Overhead/Rental Expense Transportation Equipment & Related Expense ng Expense Travel in District ing Expense Travel Out of District ries/Wages/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 97/97 Rpt:	Walle Jr., Armando L. (The Honorable)	00062108					
4 Date 05/02/2023	5 Payee name eRenterPlan						
6 Amount (\$) \$31.08	7 Payee address; City; State; Zip Code 7585 Irvine Center Dr. Suite 200 Irvine, CA 92618						
8 PURPOSE OF EXPENDITURE	OF Insurance						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held					
Date	Payee name						
06/01/2023	eRenterPlan						
Amount (\$)	Payee address; City; State; Zip						
\$31.08	7585 Irvine Center Dr. Suite 200 Irvine, CA 92618						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renter's insurance for Session apartment					
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held					