CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICI	E USE ONLY
	00084254		41			Date Received	
;	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	ICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Cody T.			10/12/2023	
		NICKNAME	LAST		SUFFIX	"]	
			Vasut			Date Hand-deliver	ed or Date Postmarked
_	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delivere	ed of Date Postmarked
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before electio	15th day after cam				
		8th day before election	appointment (office	**		Date Processed	•
	ODICINIAL DEDICE			· · · · · · · · · · · · · · · · · · ·	Voor		
	ORIGINAL PERIOD COVERED	Month Day Y	ear THROUGH	Month Day 06/30/2023	Year	Date Imaged	
_	EVDI ANIATIONI OF C			00/30/2023			
	EXPLANATION OF C	CORRECTION , I received an e-mail fron	TDEDAC informing ma	for the first time they	made on in kin	id contribution to	my campaign with
_							
_	AFFIDAVIT			ear, or affirm, under pe	enalty of perjur	y, that this correc	cted report is true
	AFFIDAVIT			rear, or affirm, under pe correct.	enalty of perjur	y, that this correc	cted report is true
	AFFIDAVIT		and				cted report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, oaith and withou	able statements: r affirm that the o t an intent to misl	riginal report lead or to
	AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin ginally filed is i t any error or o	able statements: r affirm that the o t an intent to misl ined in the report I, that I am filing t ess day after the naccurate or inco	riginal report lead or to his corrected date I learned omplete. I
	AFFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as orig swear, or affirm, that filed was made in go	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin ginally filed is i any error or o ood faith.	able statements: r affirm that the o t an intent to misl ined in the report I, that I am filing t ess day after the naccurate or inco	riginal report lead or to his corrected date I learned omplete. I
			and Che	Semiannual reports was made in good fa misrepresent the info Other reports: Is report not later than that the report as orig swear, or affirm, that filed was made in go The	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is i at any error or o ood faith.	able statements: r affirm that the o t an intent to misl ined in the report r, that I am filing t ess day after the naccurate or inco mission in the rep	original report lead or to his corrected date I learned omplete. I port as originally
		AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: Is report not later than that the report as orig swear, or affirm, that filed was made in go The	and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is i at any error or o ood faith.	able statements: r affirm that the o t an intent to misl ined in the report r, that I am filing t ess day after the naccurate or inco mission in the report	original report lead or to his corrected date I learned omplete. I port as originally
	AFFIX NOTARY ST	,	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as orig swear, or affirm, that filed was made in go The Signatu	er and all applica s: I swear, o aith and withou ormation conta swear, or affirm the 14th busin ginally filed is i t any error or o ood faith. Honorable C	able statements: r affirm that the ot an intent to mislined in the report n, that I am filing tess day after the naccurate or incomission in the report ody T. Vasut e or Officeholder	riginal report lead or to his corrected date I learned omplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the s	and Che	Semiannual reports was made in good famisrepresent the info Other reports: Is report not later than that the report as orig swear, or affirm, that filed was made in go The Signature	s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is it any error or o ood faith. Honorable Care of Candidat, this	able statements: r affirm that the ot an intent to mislined in the report n, that I am filing tess day after the naccurate or incomission in the report ody T. Vasut e or Officeholder	riginal report lead or to his corrected date I learned omplete. I port as originally
	AFFIX NOTARY ST Sworn to and subsc	,	and Che	Semiannual reports was made in good famisrepresent the info Other reports: Is report not later than that the report as orig swear, or affirm, that filed was made in go The Signature	s: I swear, o aith and withou ormation conta swear, or affirm the 14th busing ginally filed is it any error or o ood faith. Honorable Care of Candidat, this	able statements: r affirm that the ot an intent to mislined in the report n, that I am filing tess day after the naccurate or incomission in the report ody T. Vasut e or Officeholder	riginal report lead or to this corrected date I learned omplete. I port as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00084254		2 Total pages	filed: 41
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Cody T.			Date Received	
''''					ELECTRONIC	NIIVELLED
						CALLI FILLD
	NICKNAME	LAST		SUFFIX	10/12/2023	
		Vasut				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P O BOX 2724					
ADDRESS					Receipt #	Amount
Change of Address	ANGLETON, TX 77516					
	ANOLLION, IX 11310				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Cody Thane				
	NICKNAME	LAST		SUFFIX		
		Vasut				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	′; ST	ATE; ZIP CODE
TREASURER	P.O. Box 2724					
ADDRESS						
(Residence or Business)	Angleton, TX 77516					
	Angleton, 1X 77510					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER	(979) 481-0715					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
		- 7			appointment (of	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD COVERED	Month Day Year		10011011	Month Day		
COVERED	01/01/2023	IH	IROUGH	06/30/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	State Representative Distr	ict 25				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 41

13 C / OH NAME	Vasut, Cody T. (The	Honorable)	14 Filer ID 00084254	(Ethics Commission 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	t the candidate's or offic	eholder's knowledge 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
	\$ 12,050.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 403.76	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 38,796.54
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 52,014.48
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	
		The Ho	norable Cody T. Vası	ut
			of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subse	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath
Signature or offic	co aurimistering	rimed hame of officer admillistering	Tide of office	or administring odli

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					4 of 41
	ER NAM	dy T. (The Honorable)	19 Filer ID 00084254	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	11,800.00	
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS	\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	26,299.48	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	12,018.26
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	478.80
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	204.99

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/41	
2	FILER NAME Vasut, Cody	T. (The Honorable)			3	Filer ID (Ethics Commission 00084254	on Filers)
4	Date 06/29/2023	5 Full name of contributor Autry, Evan6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$500.00
	Dringing! goog	Austin, TX 78701	10	Employer (See Instructions	_		
8	Consultant	pation / Job title (See Instructions)	9	Autry Public Affairs)		
	Date 06/28/2023	Full name of contributor Brentwood Public Affairs Contributor address; City; State)		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Austin, TX 78701	1	Employer (See Instructions			
	i illicipai occu	pation / 300 title (See matractions)		Employer (See instructions	')		
	Date 06/28/2023	Full name of contributor IBAT PAC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/28/2023	Full name of contributor Nichols, Colby Contributor address; City; State Austin, TX 78738				Amount of Contribution (\$)	\$300.00
	Principal occu Principal	pation / Job title (See Instructions)					
	Date 06/28/2023	pal occupation / Job title (See Instructions) ultant Pull name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)	\$500.00			
	Principal occu Attorney	pation / Job title (See Instructions)					
	, acomey			e i osey Law i iiii FC	_		

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/41	
2	FILER NAME Vasut, Cody	T. (The Honorable)			3	3 Filer ID (Ethics Commission 00084254 7 Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)	on Filers)
4	Date 06/28/2023	5 Full name of contributor Rivero, Hector6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu President	Austin, TX 78731 pation / Job title (See Instructions	s)	Employer (See Instructions Texas Chemical Counci			
	Date 06/28/2023	Full name of contributor Second Floor Strategies, Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
Austin, TX 78701 Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u> </u>			
	Date 06/28/2023	Full name of contributor Texans for Lawsuit Refor Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	 - s)		
_	Date 06/28/2023	Full name of contributor Weekley, Richard Contributor address; City; S Houston, TX 77027	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Co-Owner	pation / Job title (See Instructions	5)	Employer (See Instructions David Weekley Homes	5)		
	Date 06/30/2023	Full name of contributor White, David Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions	5)	Employer (See Instructions Public Blueprint	;)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/41 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/27/2023 Texas REALTORS Political Action Committee \$250.00 Advertising for fundraising 7 Contributor address; City; State; Zip Code event in support of Representative Cody Vasut for HD 25 Austin, TX 78768-2246 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		above)		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)		
	Sch: 1/15 Rpt: 8/41	Vasut, Cody T. (The Honorable) 00084254	•		
4	Date	5 Payee name			
	01/23/2023	Alvin ISD Education Foundation			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,200.00	301 E. House St.			
		Alvin, TX 77511			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation and purchase of 3 football helm	note and		
		hats for capitol and district offices.	iets and		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	лп			
	Date	Payee name			
	02/18/2023	Alvin Sun & Advertiser			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$123.87	570 Dula Street			
		Alvin, TX 77511			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Print ad paid (prior report expensed)			
		Time du paid (phor report experiseu)			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experientare to benefit 6/61				
	Date	Payee name			
	06/28/2023	Anedot, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.30	1340 Poydras St., Suite 1770			
		New Orleans, LA 70112-5204			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Credit Card Processing Fee			
		Total data Frocessing Fee			
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-					
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explain	s how to compl	ete this form.		
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 2/15 Rpt: 9/41	Vasut, Cody T. (The Honorable)			00084254	
4	Date	Payee name		<u> </u>		
	06/29/2023	Anedot, Inc.				
6	Amount (\$)	Payee address; City; Stat	te; Zip Code			
	\$20.30	1340 Poydras St., Suite 1770				
		New Orleans, LA 70112-5204				
8	PURPOSE	Category (See Categories listed at the top of this s	chedule) (b)	Description		
	OF EXPENDITURE	Fees	circuato)	Check if travel outs	ide of Texas. Com	plete Schedule T.
	LAPENDITORE			Check if Austin, TX		
				Credit Card Pro	cessing Fee	
_	Opening ONE V if direct	and data (Office In all de monage	O#:		O#: I-	-1-1
9	Complete ONLY if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office sought		Office h	eia
_						
	Date	Payee name				
	06/30/2023	Anedot, Inc.				
	Amount (\$)	•	te; Zip Code			
	\$40.30	1340 Poydras St., Suite 1770				
		New Orleans, LA 70112-5204				
	PURPOSE	Category (See Categories listed at the top of this s	chedule) (b)	Description		
	OF EXPENDITURE	Fees		Check if travel outs Check if Austin, TX		
				Credit Card Pro		
					3	
	Complete ONLY if direct	andidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/O		J			
	Date	Payee name				
	02/27/2023	Angleton ISD Education Foundation				
	Amount (\$)		te; Zip Code			
	\$800.00	1900 N Downing St	.c, zip couc			
	400.00					
		Angleton, TX 77515				
	DUDDOCE		(1-)			
	PURPOSE OF	Category (See Categories listed at the top of this s Contributions/Donations Made By	chedule) (D)	Description Check if travel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Com	mittee	Check if Austin, TX		
				Sponsorship for	NashFest f	ındraiser
	Complete ONLY if direct	andidate/Officeholder name	Office sought		Office h	eld
	expenditure to benefit C/Ol					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/15 Rpt: 10/41	Vasut, Cody T. (The Honorable) 00084254
4 Date	5 Payee name
05/21/2023	Art Hall Awards
6 Amount (\$) \$64.95	7 Payee address; City; State; Zip Code 9421-C Burnet Rd Austin, TX 78758
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Engraving of gavel for capitol office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/08/2023	BACH
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	120 E Hospital Dr,
	Angleton, TX 77515
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Sponsorship for fundraiser
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2023	Brazoria Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	202 W Smith St. #A
	Brazoria, TX 77422
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Sponsorship for No Name Festival fundraiser
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T-+-1 O-bb-1- E1.	
1	Total pages Schedule F1: Sch: 4/15 Rpt: 11/41	2 FILER NAME Vasut, Cody T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084254
4	Date	5 Payee name
	01/18/2023	Brazoria County Dream Center
6	Amount (\$) \$102.56	7 Payee address; City; State; Zip Code 792 Brazosport Blvd S Clute, TX 77531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2023	Brazoria County Dream Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,025.64	792 Brazosport Blvd S
		Clute, TX 77531
	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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship for back-to-school bash event
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	Brazoria County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	135 Spanish Oak Circle
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services		alaries/W		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gu	ıide explains hov	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	-ilers)
	Sch: 5/15 Rpt: 12/41		Vasut, Cody	T. (The Honor	able)					00084254		
4	Date	5	Payee name									
	02/18/2023			unty Republicar	n Party							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$250.00		135 Spanish	n Oak Circle								
			Lake Jackso	on, TX 77566								
8	PURPOSE	(a)		ee Categories listed at th	as top of this solvedul	la)	(b)	Description				
ľ	OF	(")		ee Categories listed at tr IS/Donations Ma		ie)	(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Poli		ee		\Box	, TX,	officeholder living	g expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	Offic	ce soug	ght			Office he	eld	
	experientare to benefit G/O											
	Date		Payee name									
	06/29/2023		Brazoria Co	unty Specialty F	Recovery Cou	rts Fou	und	ation				
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$400.00		1524 E Mull	perry Street								
			Suite 200									
			Angleton, T	X 77515-3960								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Ma	ide By			=			plete Schedule T.	
	EX. ENDITORE		Candidate/C	Officeholder/Poli	tical Committe	ee		_	, TX,	officeholder living	g expense	
								Donation				
	Complete ONLY if direct	<u> </u>		ceholder name	Offic	ce soug	thr			Office he	ald.	
	expenditure to benefit C/O		Januluate/Oni	cerioidei riairie	Onic	ce soug	JIIL			Office file	siu	
	Data	<u> </u>										
	Date 03/30/2023		Payee name	Aron Chambar	of Commoroo							
				Area Chamber (7. 0						
	Amount (\$)		Payee addres		State; Z	zip Cod	ae					
	\$75.00		300 Abrier 3	lackson Pkwy								
			1 .1 . 7	TV 77500								
			Lаке Jаскs	on, TX 77566		-						
	PURPOSE OF	(a)	,	ee Categories listed at th	ne top of this schedul	le)	(b)	Description	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Fees					ш		officeholder living	•	
								Membership			•	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	ce soug	ght			Office he	eld	
	expenditure to benefit C/O	Н										
ı												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM					ব	Filer ID	(Ethics Commission	on Filers)
_	Sch: 6/15 Rpt: 13/41		y T. (The Honorable)					00084254	(,
4	Date	5 Payee name								
	02/17/2023	Chase Ban								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	nde					
Ĭ	\$833.19	P.O. Box 1	•	Otato, Zip Ot	Juo					
	4000.20	1.0.2012	0==0							
		Wilmington	, DE 19850-5123		_					
8	PURPOSE	(a) Category (S	see Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment			므		de of Texas. Comp officeholder living		
						Credit Card P				
							ĺ		,	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	<u>I</u> ught			Office he	eld	
	Date	Payee name	!							
	03/07/2023	Chase Ban	k N.A.							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$783.15	P.O. Box 1	5123							
		Wilmington	, DE 19850-5123							
	PURPOSE OF		see Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	Credit Card	l Payment			=		de of Texas. Comp officeholder living		
						Credit Card P				
							,		,	
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	Date	Payee name								
	04/08/2023	Chase Ban	k N.A.							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$632.98	P.O. Box 1	5123							
		Wilmington	, DE 19850-5123							
	PURPOSE	(a) Category (s	see Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card	l Payment					de of Texas. Com		
								officeholder living		22 54
						Expense - Cf	cul	ı Caru Payır	nent - April 1 20	23 F4
	Complete ONLY if direct	Candidata/Off	iceholder name	Office	lap+			Office	ald.	
	expenditure to benefit C/OI		icentituei Haille	Office sou	ıyııı			Office he	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/15 Rpt: 14/41	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	05/14/2023	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,554.25	P.O. Box 15123
		Wilmington, DE 19850-5123
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment - April 21-May 6 F4
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2023	Chase Bank N.A.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,132.14	P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment - May 12-20 and 29 F4
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	06/06/2023	Chase Bank N.A.
L	Amount (\$)	
	\$1,241.10	Payee address; City; State; Zip Code P.O. Box 15123
	Φ1,241.10	P.O. BOX 13123
		Wilmington, DE 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Payment - 3/29 and 5/31 F4
		Credit Card Payment - 3/29 and 5/31 F4
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	1
1	Total pages Schedule F1:	
	Sch: 8/15 Rpt: 15/41	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	04/08/2023	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,362.65	P.O. Box 15123
	+5,552.55	
		Wilmington, DE 100E0 E133
		Wilmington, DE 19850-5123
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit Cord Doymont March 2022 F4 Evoluting
		Credit Card Payment - March 2023 F4 - Excluding March 29
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/OI	·
	Date	Payee name
	03/24/2023	Communities in Schools of Brazoria County
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	4005 Technology Drive
		#2150
		Angleton, TX 77515
_	DUDDOC-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officerioide//Political Committee Donation
		23
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
L	04/02/2023	Exchange Club of Angleton
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1196
		Angleton, TX 77516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Sponsorship for golf tournament fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to belieff C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 16/41	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	01/03/2023	Express Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Storage
Ļ	Operation ONLY if dispert	On didn't Office helder game
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	·	
	Date	Payee name
	02/02/2023	Express Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign storage
		Campaign Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Data	David and the second se
	Date 03/02/2023	Payee name Evaress Solf Storage
		Express Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Campaign storage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 10/15 Rpt: 17/41	2 FILER NAME Vasut, Cody T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084254
4	Date	5 Payee name
	04/07/2023	Express Self Storage
6	Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 1804 E Mulberry St
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign storage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2023	Express Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2023	Express Self Storage
	Amount (\$)	
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 18/41	Vasut, Cody T. (The Honorable)		00084254
4	Date	5 Payee name		•
l	02/26/2023	Friends of Danbury Civic Club		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$200.00	P.O. Box 457		
l				
l		Danbury, TX 77534		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
l				Sponsorship for Red White and Blue Festival
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office soud	vh+	Office held
9	expenditure to benefit C/O		Jnı	Office rield
⊨	Data			
l	Date	Payee name		
L	03/01/2023	Hyatt Regency		
l	Amount (\$)	Payee address; City; State; Zip Coc	de	
l	\$31.81	208 Barton Springs Rd		
l				
		Angleton, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Parking fee for attending Brazoria County Day event
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
l	expenditure to benefit C/O			
F	Date	Payee name		
l	01/09/2023	Jaax, Edward		
H	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$300.00	12716 Bransford Circle		
l				
l		Austin, TX 78753		
⊢	PURPOSE		(h)	Description
l	OF	Consulting Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Jenourally Expenses		Check if Austin, TX, officeholder living expense
				Campaign consulting fees
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	experiulture to beliefft C/OI	1		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services		aries/Wag		Contract Labor		OTHER (enter a	category not listed above)
	orean out a tyment			The Instruction Gu	uide explains how	to comp	olet	e this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 12/15 Rpt: 19/41		Vasut, Cody	T. (The Honor	able)					00084254	
4	Date	5	Payee name					•			
	05/25/2023	ı	Johnson, Ju	llie (Rep.)							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Code	.				
	\$81.25		3441 Golfing	g Green Drive							
			Farmers Bra	anch, TX 75234							
_	DUDDOCE	⊢				1/16					
8	PURPOSE OF			e Categories listed at the) (0	ן (נ ד	Description Check if travel of	nuteir	de of Teyes Com	plete Schedule T.
	EXPENDITURE		GIII/Awarus	/Memorials Exp	ense		ŀ	=		officeholder living	
							Ī	그 Reimburse Re	ер.	Johnson fo	r officeholder committee
							Ć	gift for Rep. L	ea	ch.	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sough	nt			Office he	eld
	expenditure to benefit C/O	Н				J					
_	Date	Г	Payee name								
	01/21/2023	ı	Old Maps								
		⊢		City:	State; Zi	n Code					
	Amount (\$) \$88.00	ı	Payee addres		State, Zi	p Coue	;				
	\$88.00		P.O. Box 54	•							
			West Chest	erfield, NH 0346	6 6						
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule) (b) (Description			
	OF EXPENDITURE		Artwork				Į	_			plete Schedule T.
							L			officeholder living	azoria County for capitol
								office.	ica	i map or bic	azona County for capitor
_	Complete ONLY if direct	<u> </u>	`andidato/Offi	ceholder name	Office	e sough	nt.			Office he	ald
	expenditure to benefit C/O		zandidate/Onit	ceriolaer riairie	Office	- sougn	ıı			Office file	ciu
		1									
	Date		Payee name	D							
	03/04/2023		Robert Huff	Designs							
	Amount (\$)	ı	Payee addres		State; Zi	p Code	è				
	\$475.00		P.O. Box 28	0595							
			Memphis, T	N 38168							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this schedule) (b) [Description			
	OF EXPENDITURE		Artwork				[plete Schedule T.
	ZA ZHOHOKZ						Ļ			officeholder living	g expense
							•	Seal for capito	OI C	ilice	
_	Complete ONU V & direct	Ļ	Sandidet-10"		000					Off: 1	al d
	Complete ONLY if direct expenditure to benefit C/Ol		Jandidate/Offic	ceholder name	Office	e sough	ΙĹ			Office he	ela

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete thi	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/15 Rpt: 20/41	Vasut, Cody T. (The Honorable)	00084254
4	Date	5 Payee name	
	02/06/2023	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	P.O. Box 2659	
L		Austin, TX 78681	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	' 555	Check if Austin, TX, officeholder living expense
		Mer	mbership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beriefit C/O		
	Date	Payee name	
	05/14/2023	Texas Department of Criminal Justice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.80	P.O. Box 99	
L		Huntsville, TX 77342	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	One wards with one is Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Puro	chase of wooden gavel for capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI		
	Date	Payee name	
	04/04/2023	Texas House Republican Caucus PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 13305	
		Austin TV 79711	
L	DUDDOOF	Austin, TX 78711	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Desc	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	check if Austin, TX, officeholder living expense
		Mer Mer	mbership dues
L	0	Our distance (Office Includes a constant of the Constant of th	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
\vdash			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ommittee Lega	Awards/Memorials Exp al Services e Instruction Guide			/ages	s/Contract Labor		Travel Out of Dis OTHER (enter a		sted above)
1	Total pages Schedule F1:	12	FII FR NAME						3	Filer ID	(Ethics Cor	mmission Filers)
	Sch: 14/15 Rpt: 21/41		Vasut, Cody T.	(The Honorab	le)				_	00084254		
4	Date	5	Payee name									
	04/18/2023		The Facts									
6	Amount (\$) \$78.44	7	Payee address; 720 S. Main St Clute, TX 7753		State;	Zip Coo	de					
8	PURPOSE	(a)	Category (See Ca	otogorios listed at the	ton of this scher	dulo)	(b)	Description				
	OF	\```	Advertising Exp		Op of this scrieu	dule)	(,		outsic	de of Texas. Com	nplete Schedule	: Т.
	EXPENDITURE		Advoiced E.	701130						officeholder living		
								Reimburseme notice in The				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeh	older name	Of	ffice souç	ght			Office he	eld	
Γ	Date	Π	Payee name				_		_			
	05/14/2023		Vasut, Cody									
	Amount (\$)	十	Payee address;	City;	State;	Zip Cod	de					
	\$478.80		4 Greystone Co	ourt								
	!		•									
		L	Angleton, TX 7									_
	PURPOSE OF	(a)	Category (See Ca			dule)	(b)	Description	··tole	-t-T Com	' Cabadula	-
	EXPENDITURE		Loan Repayme	:nt/Reimbursen	nent					de of Texas. Com officeholder living		. Т.
								—				ent on Schedule
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeh	older name	Off	ffice souç	ght			Office he	eld	
	Date	Π	Payee name						_			
	06/17/2023	L	West Pearland									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$1,500.00		8325 Broadway	•								
	!		Suite 202, Box									
			Pearland, TX 7	7581-5773								
	PURPOSE	(a)) Category (See Ca			dule)	(b)	Description	_			
	OF EXPENDITURE		Contributions/E					ш		de of Texas. Com officeholder living		т.
	!		Candidate/Office	:enolaer/Politic	ai Commi	ttee		Sponsorship f				
	!							Op0110010111p .	101 .	rioudly i.e.	u cvon.	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeh	older name	Of	ffice souç	ght			Office he	eld	
\vdash		—										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	nmittee	Gift/Awar Legal Sei		xpense de explains l		(pense /ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		ove)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 15/15 Rpt: 22/41		Vasut, Cod		ne Honoral	ble)					00084254		
4	Date	5	Payee name										
l	04/02/2023		Young Rep	ublican	National I	ederation=							
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	de					
	\$1,000.00		P.O. Box 1	7484									
l													
			Washingto	n, DC 2	0041								
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description				
l	OF EXPENDITURE		Contributio				,					plete Schedule T.	
	EXPENDITORE		Candidate/	Officeh	older/Politi	cal Comm	ittee		_		officeholder living		
l									Sponsorship	for	annual conv	vention in Texa	ıs.
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholde	er name	C	office sou	ght			Office he	eld	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Polling Expense	/Rental Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex			(* ************************************
1 Total pages Schedule F4:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 23/41	Vasut, Cody T. (The Honorable)			00084254
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	D TO A CREDIT	CARD \$	403.76
5 Date	6 Payee name		•	
04/01/2023	Buc-ee's			
7 Amount (\$) \$632.98	8 Payee address; City; 931 TX-274 Loop	State; Zip Code		
	Angleton, TX 77515			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) [Description	
OF EXPENDITURE	Food/Beverage Expense		느	de of Texas. Complete Schedule T.
			—	officeholder living expense for Taste of Texas political event in
				d by Legislative Ladies Club
11 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O		Office Sought		Office field
Date	Payee name			
03/11/2023	CanvasPop, LLC			
Amount (\$)	Payee address; City;	State; Zip Code		
\$343.44	2585 Broadway			
	Suite 374			
	New York, NY 10025			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule) (b) [Description	
EXPENDITURE	Artwork		느	de of Texas. Complete Schedule T. officeholder living expense
			ш	ning of Stephen F. Austin Statue
			artwork for Capit	
Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought		Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ll Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	·	iamo non to complete tino formi	3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt: 24/41	Vasut, Cody T. (The Honorable)		00084254
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 403.76
5 Date 01/12/2023	6 Payee name Holiday Inn Express Austin North (Central	
7 Amount (\$) \$419.25	8 Payee address; City; S 8500 N Interstate Hwy 35	State; Zip Code	
	Austin, TX 78753		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Hotel	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Sion
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
01/18/2023	Holiday Inn Express Austin North	Central	
Amount (\$) \$84.05	8500 N Interstate Hwy 35	State; Zip Code	
TYPE OF	Austin, TX 78753	Non-Political	
EXPENDITURE	<u> </u>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Hotel	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SSION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/12 Rpt: 25/41 Vasut, Cody T. (The Honorable) 00084254 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 403.76 5 Date Payee name 01/26/2023 Holiday Inn Express Austin North Central Amount (\$) Payee address; City; State; Zip Code \$194.60 8500 N Interstate Hwy 35 Austin, TX 78753 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Hotel **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel for Session Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/08/2023 Holiday Inn Express Austin North Central Payee address: Amount (\$) City; State; Zip Code \$195.46 8500 N Interstate Hwy 35 Austin, TX 78753

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ov	ayment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By		Polling Ex Printing E		Travel in District Travel Out of District
Candidate/Officeholder/Politica	-		Vages/Contract Labor	OTHER (enter a category not listed above)
	The Instruction Guide ex	plains now to co	mpiete this form.	I
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 26/41	Vasut, Cody T. (The Honorable)			00084254
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	O TO A CRE	DIT CARD	\$ 403.76
5 Date	6 Payee name			
02/15/2023	Holiday Inn Express Austin North	Central		
7 Amount (\$)	8 Payee address; City;	State; Zip Co	ode	
\$127.75	8500 N Interstate Hwy 35			
	Austin, TX 78753			
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
10 PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	
OF EXPENDITURE	Hotel			outside of Texas. Complete Schedule T.
LA LINDITORIL				ı, TX, officeholder living expense
			Hotel for Ses	SION
44.0		0"	1.	000
11 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sou	gnt	Office held
Date	Payee name			
02/22/2023	Holiday Inn Express Austin North	Central		
Amount (\$)	Payee address; City;	State; Zip Co	ode	
\$104.00	8500 N Interstate Hwy 35			
	Austin, TX 78753			
TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	
OF EXPENDITURE	Hotel			outside of Texas. Complete Schedule T.
EXPENDITORE			<u> </u>	n, TX, officeholder living expense
			Hotel for Ses	SION
		- ***		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held
l				

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		ains how to complete this form.	
1 Total pages Schedule F4: Sch: 5/12 Rpt: 27/41	2 FILER NAME Vasut, Cody T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084254
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 403.76
5 Date 03/02/2023	6 Payee name Holiday Inn Express Austin North C	Central	I
7 Amount (\$) \$345.94		tate; Zip Code	
	Austin, TX 78753		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Hotel	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SSION
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought	Office held
Date 03/09/2023	Payee name Holiday Inn Express Austin North C		
Amount (\$) \$425.50	Payee address; City; S 8500 N Interstate Hwy 35 Austin, TX 78753	tate; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Hotel	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SSION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held

SCHEDULE F4

Accounting Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract	Expense Transportation Travel in Distric Travel Out of D	
	The Instruction Guide ex	plains how to complete this	form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 6/12 Rpt: 28/41	Vasut, Cody T. (The Honorable)		00084254	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	O TO A CREDIT CAF	RD \$	403.76
5 Date	6 Payee name		.	
03/23/2023	Holiday Inn Express Austin North	Central		
7 Amount (\$) \$475.20	8 Payee address; City; 8500 N Interstate Hwy 35	State; Zip Code		
	Austin, TX 78753			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE	(a) Category (See Categories listed at the top o	this schedule) (b) Descri	ption	
OF EXPENDITURE	Hotel		eck if travel outside of Texas. Co	
EXI ENDITORE			eck if Austin, TX, officeholder livir	ng expense
		Hote	I for Session	
44.0			0" 1	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office h	neld
Date	Payee name			
03/16/2023	Holiday Inn Express Sunset Valle	ey		
Amount (\$)	Payee address; City;	State; Zip Code		
\$898.70	4892 US Highway 290 West			
	Sunset Valley, TX 78735			
TYPE OF		Non Delitical		
EXPENDITURE	X Political	Non-Political		
PURPOSE	(a) Category (See Categories listed at the top o	this schedule) (b) Descri	ption	
OF EXPENDITURE	Hotel		eck if travel outside of Texas. Con	•
		—	eck if Austin, TX, officeholder livir	ng expense
		Hote	I for Session	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sought	Office h	neld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reir Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr	al Expense ract Labor	Travel in District Travel Out of Dis	quipment & Related Expense	
	The Instruction Guide explai	ns how to complete th	is form.			
1 Total pages Schedule F4: Sch: 7/12 Rpt: 29/41	2 FILER NAME Vasut, Cody T. (The Honorable)		3	Filer ID 00084254	(Ethics Commission Filers)	
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED 1	O A CREDIT CA	ARD \$	3	403.76	
5 Date 03/26/2023	6 Payee name Holiday Inn Express Sunset Valley		L			
7 Amount (\$) \$616.18	8 Payee address; City; Sta	ate; Zip Code				
\$010.10	4892 US Highway 290 West					
	Sunset Valley, TX 78735					
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Desc	cription			
OF EXPENDITURE	Hotel			tside of Texas. Com X, officeholder living		
			el for Sessi		expense	
			.01 101 00001	011		
11 Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought		Office he	eld	
Date	Payee name					
04/02/2023	Holiday Inn Express Sunset Valley					
Amount (\$) \$564.66	Payee address; City; Sta 4892 US Highway 290 West	ate; Zip Code				
	Sunset Valley, TX 78735					
TYPE OF EXPENDITURE	X Political	Non-Political				
PURPOSE OF	(a) Category (See Categories listed at the top of this					
EXPENDITURE	Hotel			tside of Texas. Com X, officeholder living		
			el for Sessi		ехрепзе	
			.01 101 00001	011		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name H	Office sought		Office he	eld	

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ov	ayment/Reimbursement erhead/Rental Expense	Transportation	draising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			xpense	Travel in District Travel Out of D	istrict
Candidate/Officenoider/Politica	l Committee Legal Services The Instruction Guide e		Vages/Contract Labor mplete this form.	OTHER (enter	a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 8/12 Rpt: 30/41	Vasut, Cody T. (The Honorable))		00084254	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CRE	DIT CARD	\$	403.76
5 Date	6 Payee name			l	
04/14/2023	Holiday Inn Express Sunset Vall	ley			
7 Amount (\$)	8 Payee address; City;	State; Zip Co	ode		
\$478.80	4892 US Highway 290 West				
	Support Valloy, TV 70725				
9 TYPE OF	Sunset Valley, TX 78735				
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical		
10 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
OF EXPENDITURE	Hotel			outside of Texas. Cor	•
			X Check if Austin	ı, TX, officeholder livin Sion	ig expense
11 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	eld
expenditure to benefit C/OI	4				
Date	Payee name				
04/21/2023	Holiday Inn Express Sunset Vall	ley			
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$541.50	4892 US Highway 290 West				
	Sunset Valley, TX 78735				
TYPE OF		☐ Non Bol	tical		
EXPENDITURE	X Political	Non-Pol	licai		
PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
EXPENDITURE	Hotel			outside of Texas. Cor , TX, officeholder livin	
			Hotel for Ses		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	eld
I					

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expens	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex	xplains how to complete this form.	
1 Total pages Schedule F4: Sch: 9/12 Rpt: 31/41	2 FILER NAME Vasut, Cody T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084254
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 403.76
5 Date 04/28/2023	6 Payee name Holiday Inn Express Sunset Valle	ey	
7 Amount (\$) \$589.00	8 Payee address; City; 4892 US Highway 290 West	State; Zip Code	
	Sunset Valley, TX 78735		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Hotel	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ession
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 05/06/2023	Payee name Holiday Inn Express Sunset Vall	еу	
Amount (\$) \$907.25	Payee address; City; 4892 US Highway 290 West Sunset Valley, TX 78735	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Hotel	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ession
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
Total pages Schedule F4: Sch: 10/12 Rpt: 32/41	2 FILER NAME Vasut, Cody T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084254
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	O A CREDIT CARD	\$ 403.76
5 Date 05/12/2023	6 Payee name Holiday Inn Express Sunset Valley		
7 Amount (\$) \$793.25	4892 US Highway 290 West	e; Zip Code	
	Sunset Valley, TX 78735		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Hotel	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense SİON
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
Date 05/20/2023	Payee name Holiday Inn Express Sunset Valley		
Amount (\$) \$831.25	Payee address; City; Stat 4892 US Highway 290 West Sunset Valley, TX 78735	e; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Hotel	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense S ion
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

EXPENDITURE CA	TEGORIES FOR BOX 10(a)	
The Instruction Guide ex	xplains how to complete this form.	
FILER NAME Vasut, Cody T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084254
ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 403.76
6 Payee name Holiday Inn Express Sunset Vall	ey	
4892 US Highway 290 West	State; Zip Code	
X Political	Non-Political	
(a) Category (See Categories listed at the top of Hotel	Check if tra	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense irst Called Session
Candidate/Officeholder name H	Office sought	Office held
Payee name		
Payee address; City; 4892 US Highway 290 West Sunset Valley, TX 78735	State; Zip Code	
X Political	Non-Political	
(a) Category (See Categories listed at the top of Hotel	Check if tra	evel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense IESSION
Candidate/Officeholder name H	Office sought	Office held
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exities 2 FILER NAME Vasut, Cody T. (The Honorable) ZED EXPENDITURES CHARGE 6 Payee name Holiday Inn Express Sunset Vall 8 Payee address; City; 4892 US Highway 290 West Sunset Valley, TX 78735 X Political (a) Category (See Categories listed at the top of Hotel Payee name Holiday Inn Express Sunset Vall Payee address; City; 4892 US Highway 290 West Sunset Valley, TX 78735 X Political Payee name Holiday Inn Express Sunset Vall Payee address; City; 4892 US Highway 290 West Sunset Valley, TX 78735 X Political (a) Category (See Categories listed at the top of Hotel	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Polling Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Vasut, Cody T. (The Honorable) ZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name Holiday Inn Express Sunset Valley 8 Payee address; City; State; Zip Code 4892 US Highway 290 West Sunset Valley, TX 78735

SCHEDULE F4

Advertishing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expens la Committee Legal Services	Office Over Polling Exercise Printing Exercise P		Solicitation Fundatising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to co	mplete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 34/41	Vasut, Cody T. (The Honorable)			00084254
4	ZED EXPENDITURES CHARGE	D TO A CRE	DIT CARD	\$ 403.76
5 Date	6 Payee name			
05/04/2023	Linder, Sarah			
7 Amount (\$) \$400.00	8 Payee address; City; 218 Coleman Dr.	State; Zip Co	de	
	Angleton, TX 77515			
9 TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
10 PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made B Candidate/Officeholder/Political (<u> </u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Contribution
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
Date	Payee name			
05/18/2023	Stadium Goods			
Amount (\$) \$372.38	Payee address; City; 47 Howard Street New York, NY 10013	State; Zip Co	de	
TYPE OF EXPENDITURE	X Political	Non-Pol	tical	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o Gift/Awards/Memorials Expense	f this schedule)	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense committee gift for Business & Industry Longoria
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sou	ght	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 35/41 Vasut, Cody T. (The Honorable) 00084254 Date Payee name 05/12/2023 Chase Bank N.A. 6 Amount (\$) Payee address; City; State; Zip Code P.O. Box 15123 \$478.80 Reimbursement from political contributions intended Х Wilmington, DE 19850-5123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Expense - Credit Card Payment - April 14 F4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/6 Rpt: 36/41	
2	FILER NAME		3	Filer II	O (Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	1254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
-	05/26/2023	Cole, Sheryl (Rep.)			(+)	\$40.00
	00/20/2020					Ψ10.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78731				
			alitic	al cont	Itribution returned to filer	
		Reimbursement for officeholder committee gift	Ultic	ai com	INDUITOR RETURNED TO THE	
		-	_		1	
	Date	Name of person from whom amount is received			Amount (\$)	
	05/29/2023	Frazier, Frederick (Rep.)			_	\$40.00
		Address of person from whom amount is received; City; State; Zip Code				
		McKinney, TX 75072				
		<u> </u>	olitic	al cont	tribution returned to filer	
		Reimbursement for officeholder committee gift				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/26/2023	Isaac, Carrie (Rep.)				\$40.00
		Address of person from whom amount is received; City; State; Zip Code				
		/ Mail 655 or portion month amount to 1555155, 2.37, 2.332, 2.5				
		Dripping Springs, TX 78620				
		Purpose for which amount is received	olitic	al cont	tribution returned to filer	
		Reimbursement for officeholder committee gift				
H	Date	Name of person from whom amount is received			Amount (\$)	
	05/25/2023	Lambert, Stan (Rep.)			/ WIIOGIR (\$)	\$40.00
	0312312323					Ψ+0.00
		Address of person from whom amount is received; City; State; Zip Code				
		Abilene, TX 79606				
			alitic	al cont	Itribution returned to filer	
		Reimbursement for officeholder committee gift	Ulltic	al com	Mbulion relamed to men	
		Ţ	_		1	
	Date	Name of person from whom amount is received			Amount (\$)	
	01/31/2023	Texas Dow Employees Credit Union			.]	\$3.21
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		<u> </u>	olitic	al cont	tribution returned to filer	
		Interest Received				

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	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /6 Rpt: 37/41	
2	FILER NAME		3	File	er ID	(Ethics Commission Fi	lers)
	Vasut, Cody	T. (The Honorable)		00	0842	254	
4	Date	5 Name of person from whom amount is received	<u> </u>			8 Amount (\$)	
	01/31/2023	Texas Dow Employees Credit Union				(1)	\$2.23
		6 Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		7 Purpose for which amount is received Check if p	olitio	cal (contri	ibution returned to filer	
		Interest Received					
	Date	Name of person from whom amount is received			-	Amount (\$)	
	01/31/2023	Texas Dow Employees Credit Union				Amount (φ)	\$0.01
	01/01/2020						Ψ0.01
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		_	olitio	cal (contri	ibution returned to filer	
		Interest Received	Onti	car	COITE	isation retained to mer	
	Data					Amount (ft)	
	Date 02/28/2023	Name of person from whom amount is received Texas Dow Employees Credit Union				Amount (\$)	\$2.60
	02/20/2023						Ψ2.00
		Address of person from whom amount is received; City; State; Zip Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received Check if p	olitio	cal (contri	ibution returned to filer	
		Interest Received					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2023	Texas Dow Employees Credit Union				(+)	\$2.02
		Address of person from whom amount is received; City; State; Zip Code					,
		Address of polosia from Whom difficult to received, City, Citate, 21p Code					
		Lake Jackson, TX 77566					
		Purpose for which amount is received Check if p	olitio	cal (contri	ibution returned to filer	
		Interest Received					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2023	Texas Dow Employees Credit Union				(4)	\$0.01
		Address of person from whom amount is received; City; State; Zip Code					
		. tal. 655 6. po. 657					
		Lake Jackson, TX 77566					
		Purpose for which amount is received Check if p	olitio	cal (contri	ibution returned to filer	
		Interest Received					

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 8/6 Rpt: 38/41	
2	FILER NAME		3	Filer ID	(Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	03/31/2023	Texas Dow Employees Credit Union			(+)	\$2.57
	00/01/2020					Ψ2.01
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		7 Purpose for which amount is received	if politic	cai conti	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2023	Texas Dow Employees Credit Union				\$2.23
		Address of person from whom amount is received; City; State; Zip Code			1	
		Lake Jackson, TX 77566				
		Purpose for which amount is received Check	if polition	cal conti	ribution returned to filer	
		Interest Received				
	Data	Name of person from whom amount is received			Amount (\$)	
	Date 03/31/2023	Name of person from whom amount is received			Amount (\$)	\$0.01
	03/31/2023	Texas Dow Employees Credit Union				Φ0.01
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
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		Interest Received	іт ропій	cai conti	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2023	Texas Dow Employees Credit Union				\$1.92
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Check	if polition	cal conti	ribution returned to filer	
		Interest Received				
_	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2023	Texas Dow Employees Credit Union			7 unount (ϕ)	\$2.16
	0-1/00/2020					Ψ2.10
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		<u> </u>				
			if polition	cal conti	ribution returned to filer	
		Interest Received				
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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 1/6 Rpt: 39/41	
2	FILER NAME		3	Filer ID) (Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	1254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	04/30/2023	Texas Dow Employees Credit Union			y unount (¢)	\$0.01
	0-1/00/2020	1. 1				Ψ0.01
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
					<u> </u>	
		_	f politic	cal cont	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2023	Texas Dow Employees Credit Union				\$1.63
		Address of person from whom amount is received; City; State; Zip Code			•	
		Lake Jackson, TX 77566				
		Purpose for which amount is received Check	f politic	cal cont	ribution returned to filer	
		Interest Received	. pont			
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	Date	Name of person from whom amount is received			Amount (\$)	+0.00
	05/31/2023	Texas Dow Employees Credit Union				\$2.23
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson TV 77500				
		Lake Jackson, TX 77566				
		<u> </u>	f polition	cal cont	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2023	Texas Dow Employees Credit Union				\$0.01
		Address of person from whom amount is received; City; State; Zip Code			•	
		Lake Jackson, TX 77566				
		Purpose for which amount is received Check	f politic	cal cont	ribution returned to filer	
		Interest Received	. pont			
_	D-4-				Α	
	Date	Name of person from whom amount is received			Amount (\$)	ф1 1 <i>С</i>
	06/30/2023	Texas Dow Employees Credit Union				\$1.16
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Check in	f polition	cal cont	ribution returned to filer	
		Interest Received				

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /6 Rpt: 40/41	
2	FILER NAME		3	Filer ID	(Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	06/30/2023	Texas Dow Employees Credit Union				\$2.16
	00,00,	6 Address of person from whom amount is received; City; State; Zip Code				+- :
		Address of person from whom amount is received, Gity, State, Zip Code				
		Lake Jackson, TX 77566				
		<u> </u>	k if nolitic	ral contr	Iribution returned to filer	
		Interest Received	k ii politic	ai com	ibation retained to life	
⊨	<u> </u>				Г _(ф)	
	Date	Name of person from whom amount is received			Amount (\$)	#0.01
	06/30/2023	Texas Dow Employees Credit Union				\$0.01
		Address of person from whom amount is received; City; State; Zip Code				
		Laka Jackaan TV 77500				
		Lake Jackson, TX 77566				
		<u> </u>	k if politic	cal contr	ribution returned to filer	
		Interest Received				
	Date	· ·			Amount (\$)	
	01/25/2023	Texas Gulf Bank				\$3.76
	Address of person from whom amount is received; City; State; Zip Code					
		Analytica TV 77545				
		Angleton, TX 77515				
		<u> </u>	k if politic	cal contr	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/26/2023	Texas Gulf Bank				\$3.41
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
		<u> </u>	k if polition	cal contr	ribution returned to filer	
		Interest Received				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/26/2023	Texas Gulf Bank				\$3.27
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
		Purpose for which amount is received	k if polition	cal contr	ibution returned to filer	
		Interest Received				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 41/41 2 FILER NAME Filer ID (Ethics Commission Filers) Vasut, Cody T. (The Honorable) 00084254 8 Amount (\$) Date 5 Name of person from whom amount is received 04/25/2023 Texas Gulf Bank \$2.84 6 Address of person from whom amount is received; City; State; Zip Code Angleton, TX 77515 Purpose for which amount is received Check if political contribution returned to filer Interest Received Name of person from whom amount is received Amount (\$) Date 05/25/2023 Texas Gulf Bank \$2.67 Address of person from whom amount is received; City; State; Zip Code Angleton, TX 77515 Purpose for which amount is received Check if political contribution returned to filer Interest Received Date Name of person from whom amount is received Amount (\$) 06/25/2023 Texas Gulf Bank \$2.86 Address of person from whom amount is received; City; State; Zip Code Angleton, TX 77515 Purpose for which amount is received Check if political contribution returned to filer Interest Received