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 00020791		2 Total pages filed: 24	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Senfronia			Date Received	
					ELECTRONICALLY FILED	
	NICIANA	LACT		CUEEIV	01/12/2024	
	NICKNAME	LAST Thompson		SUFFIX	01/12/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING	4828 Loop Central Dr. #60	00			Receipt # Amount	
ADDRESS					, and and	
Change of Address	Houston, TX 77081				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Jarvis				
	NICKNAME	LAST		SUFFIX		
		Thompson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP C	ODE
ADDRESS	8611 Peachtree					
(Residence or Business)						
,	Houston, TX 77016					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(713) 817-6488	E NOMBER E	ATENSION			
PHONE	(713) 617-0466					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer	
		-			appointment (officeholder only)	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
0 DEDIOD	Month Day Voor			Month Day	Voor	
9 PERIOD COVERED	Month Day Year 07/01/2023	TH	IROUGH	Month Day 12/31/20	Year 23	
	07/01/2023	• • • • • • • • • • • • • • • • • • • •	1100011	12/31/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year	XP	rimary	Runoff	Other	
	,		-			
			eneral	Special		
44 055105	OFFICE HELD ("C.)			140 055105 0011011	T ((f	
11 OFFICE	OFFICE HELD (if any)	iot 1.41 Harria		12 OFFICE SOUGH		
	State Representative Distr	ICI 141 Hailis		State Represen	tative District 141	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Thompson, Senfronia	(The Honorable)	14 Filer ID (00020791	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
				_		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 58,943.04		
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 53,313.77		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 938,987.47		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		The Honora	able Senfronia Thomp	son		
			f Candidate or Officehold			
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.	, <u></u>			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVEF	3 of 24
18 FII	LER NAN	ME	19 Filer ID	(Ethics	s Commission Filers)
Th	nompsor	n, Senfronia (The Honorable)	00020791		
	ME OF	S	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				58,450.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	493.04
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				53,313.77
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/24	
2	FILER NAME Thompson, S	Senfronia (The Honorable)		3	Filer ID (Ethics Commission 00020791	on Filers)
4	Date 09/13/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	Deignaignal	Houston, TX 77027	O Frankrija (Cas krativijationa			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:_ Anawaty, Kimberly (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78730 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney		Self Employed			
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#: Avera Governmental Affairs LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/17/2023	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/24	
2	FILER NAME Thompson, S	Senfronia (The Honorable)		3	Filer ID (Ethics Commission 00020791	on Filers)
4	Date 09/13/2023	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Dein sin al a sau	Austin, TX 78701	O Frankrije (Ozakastavsti za			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Joey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions)		
	consultant	pation 7 oob title (occ mondetions)	self-employed			
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:_ Bishop, Don Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Fort Worth, TX 76185-0967				
	Principal occu commercial	pation / Job title (See Instructions) landlord	Employer (See Instructions Self Employed)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_ Bresnen, Steven and Amy Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu attorneys	pation / Job title (See Instructions)	Employer (See Instructions self)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ Bundage, Stephanie Contributor address; City; State; Zip Code Houston, TX 77021)		Amount of Contribution (\$)	\$250.00
	Principal occu attorney/aud	pation / Job title (See Instructions) litor	Employer (See Instructions CNP)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/24	
2	FILER NAME Thompson, S	Senfronia (The Honorable)		3	Filer ID (Ethics Commission 00020791	on Filers)
4	Date 10/16/2023	 Full name of contributor out-of-state PAC (ID#:_CenterPoint Energy, Inc. PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77210				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/19/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78701-4611 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Government		self-employed	,		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Durant, OK 74702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2023	Full name of contributor x out-of-state PAC (ID#:_ Comcast Corporation and NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	C00248716)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_Focused Advocacy PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			,			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/24	
2	FILER NAME Thompson, S	Senfronia (The Honorable)		3	Filer ID (Ethics Commission 00020791	on Filers)
4	Date 09/13/2023	Funds Available for Involved Reporters 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Dringing Lagge	Athens, TX 75751	O. Frankrige (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/13/2023	Full name of contributor x out-of-state PAC (ID#: <u>C</u> GenenPAC Contributor address; City; State; Zip Code	00199257)		Amount of Contribution (\$)	\$500.00
	Principal occu	So. San Francisco, CA 94080 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#: Home PAC of Texas - Tx. Assn. of Builders Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTION	15		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/24	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Thompson, S	Senfronia (The Honorable)				00020791	
4	Date 09/13/2023	5 Full name of contributorKeffer, James6 Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Eastland, TX 76448					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	()		
	consultant			Keffer Konsulting			
	Date 09/13/2023	Full name of contributor Lee, Randy Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	()		
	consultant			Randy Lee Public Affairs	S		
	Date 09/13/2023	Full name of contributor Linebarger Goggan Blair Contributor address; City; Si)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78760					
	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions	i)		
	Date 09/13/2023	Full name of contributor Marquez, Brandy Contributor address; City; Si Austin, TX 78735	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu consultant	pation / Job title (See Instructions	(3)	Employer (See Instructions Marquez Public Affairs)		
	Date 08/28/2023	Full name of contributor McConachie, Mark (Mr.) Contributor address; City; Si				Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	Mansfield, TX 76063-2659 pation / Job title (See Instructions		Employer (See Instructions Self-Employed	<u> </u> 		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/24		
2	FILER NAME Thompson, S	Senfronia (The Honorable)			3	Filer ID (Ethics Commission 00020791	on Filers)	
4	Date 09/28/2023	5 Full name of contributor McGuireWoods PAC6 Contributor address; City; S			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Richmond, VA 23219 pation / Job title (See Instruction	s)	9 Employer (See Instructions	;)			
		`	,	. , ,				
	Date 09/13/2023	Full name of contributor NRG Energy PAC Contributor address; City; S	x out-of-state PAC (ID#: C	000366559		Amount of Contribution (\$)	\$4,000.00	
		Princeton, NJ 08540						
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)			
	Date 08/28/2023	Full name of contributor Newton, Jarrett (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701						
	Principal occu Self Employe	pation / Job title (See Instruction ed	s)	Employer (See Instructions self employed	i)			
	Date 09/15/2023	Full name of contributor Pitts, Jim (Mr.) Contributor address; City; S Dallas, TX 75219				Amount of Contribution (\$)	\$1,000.00	
	Principal occu Consultant	pation / Job title (See Instruction:	5)	Employer (See Instructions Self Employed)			
	Date 09/13/2023			surance Agents of Texas		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/24	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Thompson, S	Senfronia (The Honorable)				00020791	
4	Date 09/13/2023	5 Full name of contributor Texas Medical Association 6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/13/2023	Texas Trial Lawyers Assoc				(.,	\$5,000.00
		Contributor address; City; Sta					, , , , , , , , , , , , , , , , , , , ,
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/07/2023	The Chicksaw Nation					\$2,500.00
		Contributor address; City; Sta	te; Zip Code				
		Ada, OK 74820					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date	Full name of contributor	x out-of-state PAC (ID#:	C00085316)		Amount of Contribution (\$)	
	12/21/2023	The Cigna Group Employe Contributor address; City; Sta					\$500.00
		Philadelphia, PA 19192					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/29/2023	Union Pacific Fund for Effe	ctive Government				\$1,500.00
		Contributor address; City; Sta	te; Zip Code				
		Spring, TX 77373					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		

M	IONET	ARY POLITICAL CONTRIBUTION	DNS	SCHED	ULE A1
Th	ne Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1 Sch: 8/8 Rpt: 11/24	:
	ER NAME	Senfronia (The Honorable)		3 Filer ID (Ethics Commis 00020791	sion Filers)
4 Dat	Date 5 Full name of contributor x out-of-state PAC (ID#:C00274431 UnitedHealth Group PAC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$	\$1,000.00	
		Washington, DC 20004			
8 Prir	ncipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
Dat 12/	te /27/2023	Full name of contributor out-of-state PAC (ID#:_ Walgreens PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$	\$500.00
	. ,	Washington, DC 20005	I = 1 (0)		
Prir	псіраі осси	upation / Job title (See Instructions)	Employer (See Instructions	ns)	
Dat 09/	te /13/2023	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code)	Amount of Contribution (\$	\$1,500.00
		Austin, TX 78701			
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
Dat 09/	te /13/2023	Full name of contributor out-of-state PAC (ID#:_ Woods Jr., William Contributor address; City; State; Zip Code Houston, TX 77008		Amount of Contribution (\$	\$1,000.00
	•	Ipation / Job title (See Instructions)	Employer (See Instructions	ns)	
	ncipal occu	·	Employer (See Instructions self-employed	ns)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Inetru	estion Cuido evaleino hourte complete this (form	1 Total pages Schedule A2:
i ne instru	iction Guide explains how to complete this f	iorm.	Sch: 1/1 Rpt: 12/24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Thompson, Senfronia (The Honorable)			00020791
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
09/13/2023	Bresnen, Steve and Amy		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$350.00 Fundraising expenditure Legislative Solutions
			P.O. Box 5643 Austin TX
			78763
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
attorneys		self	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution
09/13/2023			contribution (\$) description
	Contributor address; City; State; Zip Code		\$143.04 Fundraising Expense
	Contributor address, City, State, Zip Code		Austin Club
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
attorneys		self	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	*					
_	Tatal as a constitute E4.				O		
1	Total pages Schedule F1: Sch: 1/12 Rpt: 13/24	Thompson, Senfronia (The Honoral	ole)	3 Filer ID (Ethics 00020791	Commission Filers)		
4	Date	Payee name		•			
	09/20/2023	APRI					
6	Amount (\$) \$510.00	Payee address; City; St 4414 Akard Street	ate; Zip Code				
	φ010.00	THE TIME OF COL					
		Houston, TX 77047					
8	PURPOSE	A) Category (See Categories listed at the top of this					
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Scher	dule T.		
				Check if Austin, TX, officeholder living expense	abla agat		
			500	uvenir Booklet Ad and Banquet t	able cost		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held			
_							
	Date	Payee name					
	07/17/2023	Absolute Color Mailplex					
	Amount (\$)	Payee address; City; St	ate; Zip Code				
	\$1,748.86	11101 Ella Blvd.					
		Houston, TX 77067					
	PURPOSE OF	a) Category (See Categories listed at the top of this		•			
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Scher Check if Austin, TX, officeholder living expense	dule T.		
			-	nstituent Services			
				instituent Services			
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OI						
	Date	Payee name					
	11/11/2023	Angle Mastagni Matthews Political S	Strategies				
	Amount (\$)	•	ate; Zip Code				
	\$254.80	507 N. Sylvania Avenue					
		Ft. Worth, TX 76111					
	PURPOSE OF	a) Category (See Categories listed at the top of this					
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Scher	dule T.		
				Check if Austin, TX, officeholder living expense yoral Forum Education Project			
			IVIA	yorar Forum Education Project			
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OI	Canadato/Oniceriolaer Hame	Since Sought	Office field			

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 14/24	Thompson, Senfronia (The Honorable) 00020791
4	Date	5 Payee name
	10/20/2023	Antioch Baptist Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	5902 Beall Street
	!	
		Houston, TX 77091
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	100th Year Church Anniversary Celebration
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н
	Date	Payee name
	09/28/2023	Coryat, Marina (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	8101 Amelia Rd.
	!	Unit 402 D
	!	Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LA LIBITET	Campaign Donation
	!	Campaign Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	
	12/12/2023	Payee name Coryat, Marina (Ms.)
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 8101 Amelia Rd.
	φουυ.υυ	
	!	Unit 402 D
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Christmas Bonus Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Christmas Bonus
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H

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 Gitt/Awards/Memorials Expense 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)

	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: 3/12 Rpt: 15/24	Thompson, Senfronia (The Honorable) 00020791
4	Date	5 Payee name
	12/28/2023	Democracy Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1200 17th Street NW
		Suite 300
		Washington, DC 20036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2023	Eagleton, Sherman (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P. O. Box 1732
		Baytown, TX 77522
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign donation
		Campaigh donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	
	Date 11/11/2023	Payee name
		Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	4619 Lyons Avenue
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Candidate Filing Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		The cost of filing for the Democratic District 141
		State Representative
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		
l		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
_	T. 1 01 11 E4					
1	Total pages Schedule F1: Sch: 4/12 Rpt: 16/24	2 FILER NAME Thompson, Senfronia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020791				
4	Date	5 Payee name	_			
	12/28/2023	Harris County Democratic Party				
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense				
		Check if Austin, TX, officeholder living expense Membership Fee				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	07/01/2023	Hodge, Terri (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	7106 Abrams Road				
		Dallas, TX 75231				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Constituent services				
		Constituent services				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/01/2023	Hodge, Terri (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	7106 Abrams Road				
		Dallas, TX 75231				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Constituent services				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
	Credit Card F dyment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 5/12 Rpt: 17/24	Thompson, Senfronia (The Honorable) 00020791			
4	Date	5 Payee name			
	08/01/2023	Hodge, Terri (Mrs.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
	\$5,000.00	7106 Abrams Road			
		Dallas, TX 75231			
8	PURPOSE				
0	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Constituent Services			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI	1			
	Date	Payee name	_		
	10/02/2023	Hodge, Terri (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	7106 Abrams Road			
	, , , , , , , , , , , , , , , , , , , ,				
		Dallas, TX 75231			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Constituent Services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI	1			
	Date	Payee name	_		
	12/01/2023	Hodge, Terri (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	7106 Abrams Road			
		Dallas, TX 75231			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Constituent Services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	7			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N

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

e Travel in Dis

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla		iges/C	Contract Labor e this form.		OTHER (enter a	strict a category not listed ab	ove)
_	Total pages Schedule F1:	2 FILER NAM	<u>-</u>			-	3	Filer ID	(Ethics Commiss	ion Filore)
_		l		hlo)			3		(Ethics Commiss	ion Filers)
	Sch: 6/12 Rpt: 18/24	·	, Senfronia (The Honora	Die)				00020791		
4	Date	5 Payee name	9							
	12/12/2023	Hodge, Tei	rri (Mrs.)							
6	Amount (\$)	7 Payee addre	ess; City; St	tate; Zip Cod	е					
	\$1,000.00	7106 Abraı	ms Road							
		Dallas, TX	75231							
8	PURPOSE	(a) Category (S	See Categories listed at the top of thi	s schedule) (b) [Description				
	OF EXPENDITURE	Christmas	Bonus		Ļ	=			nplete Schedule T.	
					Ļ	Christmas Bo		officeholder living	g expense	
					•	Jilistilas Du	ıı ıu	3		
Ļ	Operation ONE Wife disease	0	C l -	0#:	l- a			Off: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	nt			Office h	eld	
	Date	Payee name)							
	08/10/2023	Houston H	ome Repair,LLC							
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Cod	е					
	\$200.00	8735 Mem	orial Drive							
		Houston, T	X 77024							
	PURPOSE OF	(a) Category (S	See Categories listed at the top of thi	s schedule) (b) [Description				
	EXPENDITURE	Fees			Ļ	=			nplete Schedule T.	
					L			officeholder living	r at 10527 Hom	necteed
						Road	uiti	orning repair	1 at 10327 11011	icsicau
_	Complete ONLY if direct	Condidate/Off	fiachalder name	Office sour	bt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	H			Office fi	eiu	
	Date	Payee name								
	12/30/2023	Johnson, J	arvis (Mr.)							
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Cod	е					
	\$1,000.00	P. O. Box 1	16600							
		Houston, T	X 77222							
	PURPOSE OF		See Categories listed at the top of thi	s schedule) (b) [Description				
	EXPENDITURE	Event Expe	ense		Ļ			de of Texas. Com officeholder living	nplete Schedule T.	
					L	Campaign Do			y expense	
					•	Jampaign D0	,,,,,,			
	Complete ONII V if alias -t	Condidate/Off	finahaldar nama	Office	bt			Office	old	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	ΙΙL			Office h	eiu	
_	rms provided by Texas E	thios Commiss	ion wassa othi	ce etato ty ue					Version V2.5.1	1 01000200

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By -		- Gift/	s d/Beverage Expense Awards/Memorials Expense al Services	Polling Expe Printing Exp		Travel in Distri Travel Out of I	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The	Instruction Guide explains	s how to com	plete this form.				
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 7/12 Rpt: 19/24	Thompson, Se	nfronia (The Honorable	!)		00020791	-		
4	Date	5 Payee name				•			
	09/07/2023	Knights of Pete	er Claver						
6	Amount (\$)	7 Payee address;	City; State	e; Zip Cod	e				
	\$300.00	1111Leadenha	II Circle	•					
		Channelview,	TX 77530						
8	PURPOSE OF	(a) Category (See Ca	ategories listed at the top of this sc	hedule) (b) Description				
	EXPENDITURE	Event Expense	!			outside of Texas. Co	•		
					ш.	n, TX, officeholder livi Cancer Aware			
					Donation to v	oanoon, was	11000 1 4.11		
9	Complete ONLY if direct	Candidate/Officeh	older name	Office soug	nt .	Office	hold		
ภ	expenditure to benefit C/O		older flame	Office soug	IL	Office	neiu		
	Date	Payee name							
	10/07/2023	Mitchell, Herbe	rt (Mr.)						
	Amount (\$)	Payee address;	City; State	e; Zip Cod	е				
	\$1,182.50 7611 Sterlingshire Street								
		Houston, TX 7	7016						
	PURPOSE	(a) Category (See Ca	ategories listed at the top of this sc	hedule) (b) Description				
	OF EXPENDITURE	Event Expense		incudic)	_	outside of Texas. Co	omplete Schedule T.		
	EXPENDITURE	·			ш	n, TX, officeholder livi			
						onstitutional A n for district di:	mendments for the Nov.7,		
						1 IOI district di	Stribution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	older name	Office soug	nt	Office	held		
	experiulture to belieff C/Or	1							
	Date	Payee name							
	12/12/2023	Mitchell, Herbe	rt (Mr.)						
	Amount (\$)	Payee address;	City; State	e; Zip Cod	e				
	\$1,000.00	7611 Sterlingsl	nire Street						
		Houston, TX 7	7016						
	PURPOSE OF		ategories listed at the top of this sc	hedule)	b) Description				
	EXPENDITURE	Christmas Bon	us		ш	outside of Texas. Co n, TX, officeholder livi	•		
					Christmas Bo		ing expense		
\vdash	Complete ONLY if direct	Candidate/Officeh	older name	Office soug	nt	Office	held		
	expenditure to benefit C/O			50 50ug		Jilloc	·· ······		

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 8/12 Rpt: 20/24	Thompson, Senfronia (The Honorable) Cuites Continues Co	
4	Date	5 Payee name	
	08/04/2023	Mora, Milda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,137.03	1206 Heep Run	
		Buda, TX 78610	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		office & committee expenses	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/12/2023	Mora, Milda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1206 Heep Run	
	, ,		
		Buda, TX 78610	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Christmas Bonus Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Christmas Bonus	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/12/2023	Orosco, Porsha (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1700 Seaspray Court	
		Apartment 10138	
		Houston, TX 77008	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Constituents Christmas Events Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 9/12 Rpt: 21/24	Thompson, Senfronia (The Honorable) 00020791
4	Date	5 Payee name
	12/12/2023	Pierre, Ayanna (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	7611 Sterlingshire Street
		Houston, TX 77016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Christmas Bonus Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Bonus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	08/09/2023	Piryx
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.38	995 Market Street
		2nd Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transaction fee
		Transaction rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/20/2023	Rho Xi Uplift +Building Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 518
	Ψ000.00	1. G. Box 616
		Cypress, TX 77410
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Donation
	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 22/24	Thompson, Senfronia (The Honorable) 00020791
4	Date	5 Payee name
	08/04/2023	Saldana, Selena (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$281.61	252 Gunnison Way
		Kyle, TX 78640
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office food/beverage expense
		Cilido 100 di Botto lago Oxponeo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	12/12/2023	Saldana, Selena (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	252 Gunnison Way
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Christmas Bonus Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Christmas Bonus
		Simolina Bondo
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/02/2023	Seafarers Intern'l Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	625 N. York Street
		Houston, TX 77003
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual Labor Day Breakdast
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 23/24	Thompson, Senfronia (The Honorable) 00020791
4	Date	5 Payee name
	10/02/2023	TX Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P. O. Box 15707
		Austin, TX 78761
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/04/2023	Watson, Pamela (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$374.74	154 Oxford Drive
		Kyle, TX 78640
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office miscellaneous
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2023	Watson, Pamela (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	154 Oxford Drive
		Kyle, TX 78640
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Christmas Bonus Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas Bonus
		Silistinas Bonas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1 Total pages Schedule F1: 2 FILER NAME			•		1	3	Filer ID	(Ethics Commission Filers)		
	Sch: 12/12 Rpt: 24/24			Senfronia (The Ho	norable)				00020791	(Ethics Commission Filers)
Ļ	<u> </u>	<u> </u>	•						00020731	
4	Date	5	Payee name							
	08/28/2023		thompson, s	senfronia						
6	Amount (\$)	7	Payee address	ss; City;	State; Zip Co	ode				
	\$448.28		4828 loop c	entral drive						
			suite 600							
			Houston, TX	(77081						
8	PURPOSE	(a)	Category (c.	e Categories listed at the to		(b)	Description			
ľ	OF	(")	Event Exper		op of this schedule)	(~)	_	outsio	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Event Exper	130			ш		officeholder livin	
							Committee G	ifts	reimbursei	ment
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office sou	ıght			Office h	neld
	experience to benefit 6/6/									
	Date		Payee name							
	10/13/2023		thompson, s	senfronia						
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode				
	\$1,511.57		4828 loop c	entral drive						
			suite 600							
			Houston, TX	(77081						
	PURPOSE	(a)	Category (Sc	e Categories listed at the to	on of this schedule)	(b)	Description			
	OF	` `	Event Exper		op of this soficuate)	` `	·	outsio	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		•				Check if Austin,	, TX,	officeholder livin	ng expense
							DNC Winter n			
							in St. Louis, N	VIIS	souri	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	Office sou	ıght			Office h	neld
1										