CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	lete this form.	1 Filer ID (Ethics Comm 00020673		2 Total pages	filed: 50
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jane			Date Received	
10 000					ELECTRONIC	
					01/15/2024	DALLI FILLD
	NICKNAME	LAST		SUFFIX	01/15/2024	
		Nelson				
4 CANDIDATE /	ADDRESS / PO BOX; APT	r / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P. O. Box 608					
ADDRESS					Receipt #	Amount
Change of Address	Grapevine, TX 76099					
	Orapevine, 17, 70033				Date Processed	
					Date Imaged	
F CAMBAICN	MC (MDC /MD	FIDOT				
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	James Michae	· I			
	NICKNAME	LAST		SUFFIX		
		Nelson				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	; S	TATE; ZIP CODE
TREASURER ADDRESS	1109 Buckingham Place					
(Residence or Business)	Copper Canyon, TX 7507	' 7				
	, , , , , , , , , , , , , , , , , , , ,					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(214) 850-0700					
8 REPORT		<u> </u>		_	<u></u>	
TYPE	X January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)
	July 15	8th day before 6	election \square	Exceeded modified		ttach C/OH-FR)
		_ our day belove t		reporting limit		accord of or the try
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	HROUGH	12/31/202		
	07/01/2023	• • • • • • • • • • • • • • • • • • • •		12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LIU ELECTION	Month Day Year		rimary	Runoff	Other	
	World Day Tear	<u> </u>	Tilliar y	rtunon	Louiei	
		G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	Secretary of State					
		60.7	TO DACE 2			
		GO I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Nelson, Jane (The Ho	onorable)	14 Filer ID (I 00020673	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive							
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	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 LOANS	5)	\$ 4,500.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 119,041.69				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 1,332,842.47					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalty true and correct and includes a under Title 15, Election Code.						
		The Hor	norable Jane Nelson					
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 50

					3 01 50
18 FIL	ER NAM	19 Filer ID	(Ethic	s Commission Filers)	
Ne	elson, J	00020673			
		E SUBTOTALS			SUBTOTAL AMOUNT
N.A	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	33,804.99	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	26,376.33
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	21,184.30
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	64,052.40
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	\$	26,376.33		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	1	ges Schedule A1: L Rpt: 4/50			
2	FILER NAME Nelson, Jan	e (The Honorable)			(Ethics Commission	on Filers)	
4	Date 07/13/2023	5 Full name of contributor American Electric Power C 6 Contributor address; City; Sta		e for Responsible	7 Amount	of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction	is)		
	Date 11/03/2023	BNSF Rail PAC	x out-of-state PAC (ID#: C	00235739)	Amount	of Contribution (\$)	\$3,500.00
		Contributor address; City; Sta	te; Zip Code				
	Principal occu	Fort Worth, TX 76161-0039 upation / Job title (See Instructions))	Employer (See Instruction	ıs)		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/8 Rpt: 5/50	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	07/16/2023	American Expess
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,232.61	PO Box 650448
		Dallas, TX 75265
8	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
		Great Strut tyment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	08/15/2023	American Expess
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$489.74	PO Box 650448
		Dallas, TX 75265
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/15/2023	American Expess
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5,005.83	PO Box 650448
		Dallas, TX 75265
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

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 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: 2/8 Rpt: 6/50	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	
	10/18/2023	American Expess	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,347.99	PO Box 650448	
l		Dallas, TX 75265	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		e of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, o	officeholder living expense
l		Credit Card Payn	nent
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	11/12/2023	American Expess	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,676.14	PO Box 650448	
l			
l		Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Circuit Gara r ayment	e of Texas. Complete Schedule T.
l		Credit Card Payn	officeholder living expense
l		oroun cara r ayın	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	12/12/2023	American Expess	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$3,605.25	PO Box 650448	
	, , , , , , ,		
l		Dallas, TX 75265	
⊢	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside	e of Texas. Complete Schedule T.
	EXPENDITURE		officeholder living expense
l		Credit Card Payn	nent
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/OI	9.1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Polling Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages	se Travel Out of District 6/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to comple	<u> </u>
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 7/50	Nelson, Jane (The Honorable)	00020673
4	Date	Payee name	
	12/28/2023	American Expess	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,458.11	PO Box 650448	
		Dallas, TX 75265	
8	PURPOSE	Cotogony (c. 1)	Description
٠	OF	Category (See Categories listed at the top of this schedule) Credit Card Payment (b)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Gara Fayment	Check if Austin, TX, officeholder living expense
			Credit Card Payment
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/31/2023	Elizabeth Rice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3601 Travis Country Circle	
	4200.00	cool mane country choic	
		Austin, TX 78735	
	PURPOSE OF	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
			Professional services
			Troissolonal solvisse
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	parlandato, emissionale marie	Since Hold
	Data		
	Date	Payee name	
	08/01/2023	Elizabeth Rice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3601 Travis Country Circle	
		Austin, TX 78735	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Professional services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
EΩ	rms provided by Tayas F	c Commission www.athics state ty us	Version V2 5 1 Objeth67

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 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 8/50	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	<u>'</u>
	09/03/2023	Elizabeth Rice	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	3601 Travis Country Circle	
		Austin, TX 78735	
8	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 Professional services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	10/05/2023	Elizabeth Rice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3601 Travis Country Circle	
		Austin, TX 78735	
	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 Professional services
			Troicssional services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	11/09/2023	Elizabeth Rice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3601 Travis Country Circle	
		Austin, TX 78735	
	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 Professional services
			Troicssional services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/O	3	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadala E4	2 Files ID /Filips Commission Files
1	Total pages Schedule F1: Sch: 5/8 Rpt: 9/50	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4	Date	5 Payee name
	12/01/2023	Elizabeth Rice
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3601 Travis Country Circle Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Professional services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.68	1000 East 41 Street
		Austin, TX 78751
	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
		Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.82	10019 S I-35 Frontage Road
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/\	Wage	s/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction Guid	le explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 6/8 Rpt: 10/50		Nelson, Jan	e (The Honorable	()				00020673		
4	Date	5	Payee name								
	07/31/2023		Hill Country	Springs							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode					
	\$99.01		10019 S I-3	5 Frontage Road							
			Austin, TX 7	'8747							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this schedule)	(b)	Description				
	OF	 `´		nead/Rental Expe		` ´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	officeholder living	g expense	
							Supplies				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	08/31/2023		Hill Country	Springs							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$50.27		10019 S I-3	5 Frontage Road							
				_							
			Austin, TX 7	'87 4 7							
_	PURPOSE	(0)				(b)	D				
	OF	(a)		e Categories listed at the		(0)	Description Check if travel	nutsi	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Expe	rise		=		officeholder living		
							Supplies				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	09/11/2023		Hill Country	Springs							
	Amount (\$)		Payee addres		State; Zip Co	odo					
	\$50.27		,	5 Frontage Road	State, Zip Ct	Jue					
	Φ50.27		10019 3 1-3	5 Fromaye Roau							
			Austin, TX 7	8747							
	PURPOSE OF	(a)		e Categories listed at the		(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Expe	nse				de of Texas. Com officeholder living	plete Schedule T.	
							Supplies	, 1,	onicendider living	g expense	
							Сиррисс				
_	Complete ONLY if direct	Щ		ceholder name	Office sou	Idht			Office he	əld	
	expenditure to benefit C/OI		Janaraate/Offic	John Halle	Office 300	agrit			Omce III	J.G	
_											

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 7/8 Rpt: 11/50	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/01/2023	Hill Country Springs
6	Amount (\$) \$107.76	7 Payee address; City; State; Zip Code 10019 S I-35 Frontage Road Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Hill Country Springs
	Amount (\$) \$59.02	Payee address; City; State; Zip Code 10019 S I-35 Frontage Road Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2023	Texas Economic Development Corporation
	Amount (\$) \$2,688.39	Payee address; City; State; Zip Code 1005 Congress Ave. Ste. 600
		Austin, TX 78701
	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 International trade mission
	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/Politica Credit Card Payment	, ₋ I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/V	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/8 Rpt: 12/50		Nelson, Jane (The Honorable)				00020673
4	Date	5	Payee name			<u> </u>	
	12/14/2023		iFratelli Pizza				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode		
	\$1,646.45		501 W. 15th Street Austin, TX 78701	, ,			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	_	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıght		Office held

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. P. FILER NAME Nelson, Jane (The Honorable)		1 Total pages Schedule F3: Sch: 1/3 Rpt: 13/50 3 Filer ID (Ethics Commission Filers) 00020673
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 3,978.22	
Date 07/31/2023	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$) 111.75	
Date	Name of person from whom investment is purchased	
08/04/2023	Fidelity Investments	
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$) 4,106.45	
Date	Name of person from whom investment is purchased	
08/31/2023	Fidelity Investments	
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 130.99	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. FILER NAME Nelson, Jane (The Honorable)		1 Total pages Schedule F3: Sch: 2/3 Rpt: 14/50 3 Filer ID (Ethics Commission Filers) 00020673			
			Date 09/07/2023	 Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 	; State; Zip Code
				1576 E Southlake Blvd Southlake, TX 76092 7 Description of investment	
	reinvested cash income 8 Amount of investment (\$) 4,332.85				
Date 09/29/2023	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City				
	1576 E Southlake Blvd Southlake, TX 76092 Description of investment reinvested cash income Amount of investment (\$)				
	143.26				
Date 10/05/2023	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	: State; Zip Code			
	Southlake, TX 76092 Description of investment reinvested cash income				
	Amount of investment (\$) 4,221.94				
Date 10/31/2023	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code			
	Southlake, TX 76092 Description of investment reinvested cash income				
	Amount of investment (\$) 160.98				

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 3/3 Rpt: 15/50 3 Filer ID (Ethics Commission Filers)
Date 11/06/2023	5 Name of person from whom investment is purchased Fidelity Investments	
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 4,410.91	
Date 11/30/2023	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 170.28	
Date	Name of person from whom investment is purchased	
12/06/2023	Fidelity Investments	
	Address of person from whom investment is purchased; City	; State; Zip Code
	1576 E Southlake Blvd	·
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$) 4,413.10	
Date	Name of person from whom investment is purchased	
12/29/2023	Fidelity Investments	
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 195.60	

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 1/27 Rpt: 16/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/11/2023 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$319.46 PO Box 6463 Carol Stream, IL 60197 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/11/2023 AT&T Uverse Amount (\$) Payee address; City; State; Zip Code \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 2/27 Rpt: 17/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name Date 08/10/2023 AT&T Uverse Amount (\$) Payee address; State; Zip Code City; \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/10/2023 AT&T Uverse Amount (\$) Payee address; City; State; Zip Code \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 3/27 Rpt: 18/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name Date 10/10/2023 AT&T Uverse Amount (\$) Payee address; State; Zip Code City; \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/11/2023 AT&T Uverse Amount (\$) Payee address; City; State; Zip Code \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 4/27 Rpt: 19/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 12/10/2023 AT&T Uverse Amount (\$) Payee address; State; Zip Code City; \$80.72 208 S. Akard St. Dallas, TX 75202 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communication 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2023 Advantage Storage Amount (\$) Payee address; City; State; Zip Code \$302.00 850 Gerault Road Flower Mound, TX 75028 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 5/27 Rpt: 20/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/01/2023 Advantage Storage Amount (\$) Payee address; State; Zip Code City; \$302.00 850 Gerault Road Flower Mound, TX 75028 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2023 Advantage Storage Amount (\$) Payee address; City; State; Zip Code \$302.00 850 Gerault Road Flower Mound, TX 75028 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 6/27 Rpt: 21/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/01/2023 Advantage Storage Amount (\$) Payee address; State; Zip Code City; \$302.00 850 Gerault Road Flower Mound, TX 75028 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Advantage Storage Amount (\$) Payee address; City; State; Zip Code \$302.00 850 Gerault Road Flower Mound, TX 75028 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 7/27 Rpt: 22/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/01/2023 Advantage Storage Amount (\$) Payee address; State; Zip Code City; \$302.00 850 Gerault Road Flower Mound, TX 75028 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/14/2023 American Expess Amount (\$) Payee address; City; State; Zip Code \$810.95 PO Box 650448 Dallas, TX 75265 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 8/27 Rpt: 23/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/05/2023 Best Buy Amount (\$) Payee address; City; State; Zip Code \$194.84 6060 Long Prairie Rd. Ste. 500 Flower Mound, TX 75028 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printer 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/19/2023 **Best Buy** Payee address: Amount (\$) City; State; Zip Code \$129.89 6060 Long Prairie Rd. Ste. 500 Flower Mound, TX 75028 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Computer services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Travel Out of District 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: 9/27 Rpt: 24/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/13/2023 **Bullock Texas State History Museum** Amount (\$) Payee address; City; State; Zip Code \$174.82 1800 N Congress Ave Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for Dignitaries 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2023 **Bullock Texas State History Museum** Payee address: Amount (\$) City; State; Zip Code \$460.06 1800 N Congress Ave Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for Dignitaries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 10/27 Rpt: 25/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/14/2023 CASA of Denton County Amount (\$) Payee address; State; Zip Code City; \$512.50 614 N Bell Ave Denton, TX 76209 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/07/2023 Chick Fil A Payee address: Amount (\$) City; State; Zip Code \$388.91 503 W. Martin Luther King Jr. Blvd Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 11/27 Rpt: 26/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/20/2023 **Darling Promo** Amount (\$) Payee address; State; Zip Code City; \$988.98 PO Box 27619 Austin, TX 78755 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2023 Delta Zeta Foundation Amount (\$) Payee address; City; State; Zip Code \$250.00 202 E. Church Street Oxford, OH 45056 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 12/27 Rpt: 27/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/08/2023 Eddie V's Amount (\$) Payee address; State; Zip Code City; \$388.91 301 E. 5th Street Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meals for officeholder meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2023 Flower Mound Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$5,000.00 700 Parker Square Rd. #100 Flower Mound, TX 75028 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Printing Expense Salaries/Wages/Contract Labor 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: 13/27 Rpt: 28/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date Flower Mound Chamber of Commerce 10/29/2023 Amount (\$) Payee address; City; State; Zip Code \$435.00 700 Parker Square Rd. #100 Flower Mound, TX 75028 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **Event donation** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/28/2023 **Fully Promoted** Amount (\$) Payee address; City; State; Zip Code \$3,734.63 3419 Cross Timbers Road Flower Mound, TX 75028 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lapel pins Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 14/27 Rpt: 29/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 07/06/2023 Go Creative Group Amount (\$) Payee address; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2023 Go Creative Group Amount (\$) Payee address; City; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 15/27 Rpt: 30/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/05/2023 Go Creative Group Amount (\$) Payee address; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2023 Go Creative Group Amount (\$) Payee address; City; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 16/27 Rpt: 31/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/31/2023 Go Creative Group Amount (\$) Payee address; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/22/2023 Go Creative Group Amount (\$) Payee address; City; State; Zip Code \$225.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 17/27 Rpt: 32/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 11/30/2023 Go Creative Group Amount (\$) Payee address; State; Zip Code \$500.00 5511 Parkcrest Drive Ste. 103 Austin, TX 78731 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/01/2023 Google-Gsuite Payee address; Amount (\$) City; State; Zip Code \$44.77 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 18/27 Rpt: 33/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/01/2023 Google-Gsuite Amount (\$) Payee address; City; State; Zip Code \$44.77 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/01/2023 Google-Gsuite Payee address; Amount (\$) City; State; Zip Code \$38.58 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 19/27 Rpt: 34/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/01/2023 Google-Gsuite Amount (\$) Payee address; City; State; Zip Code \$25.58 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/01/2023 Google-Gsuite Payee address; Amount (\$) City; State; Zip Code \$20.42 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 20/27 Rpt: 35/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/01/2023 Google-Gsuite Amount (\$) Payee address; City; State; Zip Code \$19.19 1600 Amphitheatre Way Mountain View, CA 94043 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Online outreach 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2023 HEB Amount (\$) Payee address; City; State; Zip Code \$91.33 2652 Lake Austin Blvd. Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meals for staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 21/27 Rpt: 36/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/07/2023 **HEB** Amount (\$) Payee address; City; State; Zip Code \$105.65 2652 Lake Austin Blvd. Austin, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/27/2023 HEB Payee address; Amount (\$) City; State; Zip Code \$17.02 2652 Lake Austin Blvd. Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 22/27 Rpt: 37/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/29/2023 **HEB** Amount (\$) Payee address; State; Zip Code City; \$33.86 1000 East 41 Street Austin, TX 78751 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/13/2023 Olive & June Amount (\$) Payee address; City; State; Zip Code \$210.00 3411 Glenview Ave Austin, TX 78703 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meals for officeholder meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 23/27 Rpt: 38/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 10/31/2023 Town of Double Oak Amount (\$) Payee address; State; Zip Code City; \$504.26 320 Waketon Road Double Oak, TX 75077 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation for Turkey Trot Event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 USPS PO Boxes Online Amount (\$) Payee address; City; State; Zip Code \$194.00 475 L'Enfant Plaza SW Washington, DC 20260 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PO box rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 24/27 Rpt: 39/50 Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 11/15/2023 USPS PO Boxes Online Amount (\$) Payee address; State; Zip Code \$294.00 475 L'Enfant Plaza SW Washington, DC 20260 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PO box rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/16/2023 **Uber Trip** Payee address: Amount (\$) City; State; Zip Code \$30.85 1455 Market St #400 San Francisco, CA 94103 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 25/27 Rpt: 40/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 5 Payee name 08/04/2023 **Uber Trip** Amount (\$) Payee address; City; State; Zip Code \$42.72 1455 Market St #400 San Francisco, CA 94103 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/05/2023 **Uber Trip** Amount (\$) Payee address; City; State; Zip Code \$64.99 1455 Market St #400 San Francisco, CA 94103 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor 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: 26/27 Rpt: 41/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/14/2023 **Uber Trip** Amount (\$) Payee address; City; State; Zip Code \$38.21 1455 Market St #400 San Francisco, CA 94103 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/08/2023 **Uber Trip** Amount (\$) Payee address; City; State; Zip Code \$23.85 1455 Market St #400 San Francisco, CA 94103 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/27 Rpt: 42/50 Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/13/2023 **Uber Trip** Amount (\$) Payee address; City; State; Zip Code \$29.98 1455 Market St #400 San Francisco, CA 94103 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rideshare fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries A The Instruction Guide explains how to co	Wages/Contract Labor		OTHER (ente	er a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/4 Rpt: 43/50		Nelson, Jane (The Honorable)			0002067	
4	Date	5	Payee name				
	07/01/2023		Ashton Austin				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode			
	\$5,370.00		101 Colorado Street				
	Reimbursement from political contributions						
	intended		Austin, TX 78701				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=		utside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense	<u> </u>	Cl	heck if Austin,	TX, officeholder living expense
				Austin lease			
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought			Office held
	expenditure to benefit	Cui	ididate/Officeriolder flame	Office 30ugni			Office field
	C/OH						
	Date		Payee name				
	07/01/2023		Ashton Austin				
	Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$257.75		101 Colorado Street				
	Reimbursement from						
	X political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	⊒ .		utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense	<u> </u>	CI	heck if Austin,	TX, officeholder living expense
				Austin lease			
	Operation ONLY if disease		adiabate (Office Incident or a con-	Office a constant			Office held
Complete <u>ONLY</u> if direct Can expenditure to benefit			ndidate/Officeholder name	Office sought			Office held
	C/OH						
	Date		Payee name				
	07/03/2023		Ashton Austin				
	Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$4,370.00		101 Colorado Street				
	Reimbursement from political contributions						
	X political contributions intended		Austin, TX 78701				
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense	<u> </u>	CI	heck if Austin,	TX, officeholder living expense
				Austin lease			
	Complete ONLY if direct	<u> </u>	ndidate/Officeholder name	Office sought			Office held
	expenditure to benefit	Cal	ididate/Officeriolider flattie	Office Sought			Onice Helu
L	C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

	Candidate/Officeholder/Political Committee Credit Card Payment 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 G:	2 FILER	NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 2/4 Rpt: 44/50	Nelso	on, Jane (The Honorable)				00020673	
4	Date	5 Payee	name					
	08/01/2023	Ashto	on Austin					
6	Amount (\$)	7 Payee	address; City; Stat	e; Zip Co	ode			
l	\$3,960.50	101 (Colorado Street					
l	Reimbursement from							
l	x political contributions intended	Austii	n, TX 78701					
8	DUDDOSE			-11-1-1	(h) Description [☐ Ch	pack if traval auteida of Tayas Camplata Schadula	
ľ	PURPOSE OF	l · ·	Ory (See Categories listed at the top of this so	cnedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule neck if Austin, TX, officeholder living expense	1.
l	EXPENDITURE	Office	e Overhead/Rental Expense		_	Λ ο	iook ii 7 doddig 174, omoonoldor iitiilig oxponoo	
l					Austin lease			
L		<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate	Officeholder name		Office sought		Office held	
l	C/OH							
F		<u> </u>						_
l	Date		name					
L	09/01/2023	Ashto	on Austin					
l	Amount (\$)	Payee	address; City; Stat	e; Zip Co	ode			
l	\$3,996.72 101 Colorado Street							
Reimbursement from political contributions intended Austin, TX 78701								
⊢	PURPOSE	Cated	Ory (See Categories listed at the top of this se	shodulo)	Description	Ch	neck if travel outside of Texas. Complete Schedule	
l	OF	1	e Overhead/Rental Expense	oricutic)	l :	_	neck if Austin, TX, officeholder living expense	
l	EXPENDITURE		overnead/Nental Expense		Austin lease	_		
l								
⊢	Complete ONLY if direct	<u> </u> Candidate	/Officeholder name		Office sought		Office held	
l	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit							
	C/OH							
F	Date	Pavee	name					_
l	10/02/2023		on Austin					
⊢	Amount (\$)	Payor	address; City; Stat	e; Zip Co	nde			_
l	\$4,003.46		Colorado Street	e, zip Ci	oue			
l	\$4,003.40	101 (colorado Sireet					
l	X political contributions							
	intended	Austii	n, TX 78701					
	PURPOSE	Categ	Ory (See Categories listed at the top of this se	chedule)	Description	_	neck if travel outside of Texas. Complete Schedule	T.
l	OF EXPENDITURE	Office	Overhead/Rental Expense			χCh	neck if Austin, TX, officeholder living expense	
l					Austin lease			
		Candidate	/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
_	О/ОП							
ı								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/Re Food/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Co	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule G:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
_	Sch: 3/4 Rpt: 45/50	Nelson, Jane (The Honorable)	00020673					
4	Date	Payee name	•					
	11/01/2023	Ashton Austin						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,999.31	101 Colorado Street						
	Reimbursement from political contributions intended	Austin, TX 78701						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) De	escription Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense	X Check if Austin, TX, officeholder living expense					
	EXPENDITORE	Austin	n lease					
9	Complete ONLY if direct	ndidate/Officeholder name Off	ice sought Office held					
•	expenditure to benefit C/OH	ididate/oniceriolaer name	Office field					
	Date	Payee name						
	12/01/2023	Ashton Austin						
	Amount (\$)	ayee address; City; State; Zip Code						
	\$4,412.31	101 Colorado Street						
	Reimbursement from political contributions intended	Austin, TX 78701						
	PURPOSE	Category (See Categories listed at the top of this schedule)	escription Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense Austir	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name Off	ice sought Office held					
	Date	Payee name						
	07/01/2023	Blueground US, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$33,144.11	106 West 32nd St. #113						
	Reimbursement from political contributions intended	New York, NY 10001						
	PURPOSE	Category (See Categories listed at the top of this schedule)	escription Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense	X Check if Austin, TX, officeholder living expense					
	- -	Austir	n lease					
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name Off	ice sought Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(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 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: 4/4 Rpt: 46/50 Nelson, Jane (The Honorable) 00020673 Date Payee name 08/24/2023 City of Austin 6 Amount (\$) Payee address; City; State; Zip Code 4815 Mueller Blvd. \$538.24 Reimbursement from political contributions intended Х Austin, TX 78723 **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 X Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Austin lease utilities Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/3 Rpt: 47/50				
2	FILER NAME	D (Ethics Commission Filers)				
	Nelson, Jane	e (The Honorable)	00020	0673		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
-	07/07/2023	Fidelity Investments			\$3,978.2	22
	0.70172020	6 Address of person from whom amount is received: City; State; Zip Code				
		Address of person from whom amount is received, City, State, 2ip Code				
		Southlake, TX 76092				
		<u> </u>	olitic	cal con	I tribution returned to filer	
		cash dividend received	Ontic	Jai Cuii	inbution returned to liler	
					<u> </u>	
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2023	Fidelity Investments			\$111.	75
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		Purpose for which amount is received	olitio	cal con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/04/2023	Fidelity Investments			\$4,106.4	45
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		Purpose for which amount is received	olitio	cal con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	_
	08/31/2023	Fidelity Investments			\$130.9	99
		Address of person from whom amount is received; City; State; Zip Code				
		That occ or person ment amount to received, engr, state, and control				
		Southlake, TX 76092				
		Purpose for which amount is received Check if po	olitio	cal con	tribution returned to filer	
		cash dividend received				
_	Date	Name of person from whom amount is received			Amount (\$)	_
	09/07/2023	Fidelity Investments			\$4,332.8	85
	00/01/2020					
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092				
		<u> </u>	olitic	cal con	I tribution returned to filer	
		cash dividend received	J.,,,,,	- 3 3011	and a second control	
_						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_						
	The Instru	ages Schedule K: /3 Rpt: 48/50				
2	FILER NAME 3					(Ethics Commission Filers)
	Nelson, Jane	Nelson, Jane (The Honorable)			00020	673
4	Date	te 5 Name of person from whom amount is received				8 Amount (\$)
	09/29/2023		Fidelity Investments			\$143.26
		6	Address of person from whom amount is received; City; State; Zip Code			
		7	Purpose for which amount is received	if polition	cal conti	ribution returned to filer
	Date	H	Name of person from whom amount is received			Amount (\$)
	10/05/2023		Fidelity Investments			\$4,221.94
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Southlake, TX 76092			
			Purpose for which amount is received	if polition	cal conti	ribution returned to filer
			cash dividend received			
	Date		Name of person from whom amount is received			Amount (\$)
	10/31/2023		Fidelity Investments			\$160.98
		l	Address of person from whom amount is received; City; State; Zip Code		•••••	
			Q TV 70000			
		L	Southlake, TX 76092			
			Purpose for which amount is received	if polition	cal conti	ribution returned to filer
		<u> </u>				
	Date		Name of person from whom amount is received			Amount (\$)
	11/06/2023	ļ	Fidelity Investments			\$4,410.91
			Address of person from whom amount is received; City; State; Zip Code			
			Southlake, TX 76092			
		H		if politic	cal conti	Iribution returned to filer
			cash dividend received	ponti	Jan 2011t.	
_	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)
	11/30/2023		Fidelity Investments			\$170.28
	Address of person from whom amount is received; City; State; Zip Code					
			Address of person from whom amount is received, Oily, State, 21p code			
			Southlake, TX 76092			
		Г	Purpose for which amount is received	if polition	cal conti	ribution returned to filer
			cash dividend 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: 3/3 Rpt: 49/50 2 FILER NAME Filer ID (Ethics Commission Filers) Nelson, Jane (The Honorable) 00020673 8 Amount (\$) Date 5 Name of person from whom amount is received 12/06/2023 **Fidelity Investments** \$4,413.10 6 Address of person from whom amount is received; City; State; Zip Code Southlake, TX 76092 Purpose for which amount is received Check if political contribution returned to filer cash dividend received Amount (\$) Name of person from whom amount is received Date 12/29/2023 **Fidelity Investments** \$195.60 Address of person from whom amount is received; City; State; Zip Code Southlake, TX 76092 Purpose for which amount is received Check if political contribution returned to filer cash dividend received

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 50/50 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nelson, Jane (The Honorable) 00020673 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **Texas Economic Development Corporation** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Nelson, Mike (Mr.) 8 Departure city or name of departure location 07/08/2023 9 Destination city or name of destination location 07/08/2023 London 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) International trade mission Commercial Airplane