CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to c	omplete this form	1 Filer ID	ccion Filoro)	2 Total pages	
			(Ethics Commi 00042130			85
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	The Honorable	Donna S.			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Howard				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 5375				Receipt #	Amount
Change of Address	Austin, TX 78763				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Donna				
	NICKNAME	LAST		SUFFIX		
		Howard				
6 CAMPAIGN	STREET ADDRESS (NO	O PO BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY		TATE; ZIP CODE
TREASURER ADDRESS	P.O. Box 5375	,				·
(Residence or Business)	Austin, TX 78763					
7 CAMPAIGN	AREA CODE F	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(737) 231-0062	TIONE NOMBER	EXTENSION.			
8 REPORT TYPE	X January 15	30th day befor	re election	Runoff		campaign treasurer
					_	officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Y	ear		Month Day	Year	
COVERED	07/01/2023	Т	HROUGH	12/31/20	23	
10 ELECTION	ELECTION DAT			ELECTION TYPE		
	Month Day Y 03/05/2024	ear X	Primary	Runoff	Other	
	03/03/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	State Representative	District 48		State Represen	tative District 48	3
	l			1		
		GO	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 85

13 C / OH NAME	Howard, Donna S. (T	he Honorable)	14 Filer ID 00042130	(Ethics Con	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political en made without the candidate's or of ort this information only if they receive	ficeholder's kr	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
16 CONTRIBUTION TOTALS			NS (OTHER THAN PLEDGES, LOAN IONS MADE ELECTRONICALLY)	S, \$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	51,917.00	
EXPENDITURE TOTALS						
	4. TOTAL POLITIC	\$	83,503.78			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	114,997.52	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		true and corre	firm, under penalty of perjury, that the ect and includes all information require 5, Election Code.			
			The Honorable Donna S. Ho	ward		
			Signature of Candidate or Office	holder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid ertify which, witness my hand and	, this the		day	
	cer administering	Printed name of officer adm		cer administe	ing oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 85
18 FILER NAM Howard, [ME Donna S. (The Honorable)	19 Filer ID 00042130	(Ethics Comm	ission Filers)
	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	51,917.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	83,503.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/28 Rpt: 4/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 12/22/2023	 5 Full name of contributor out-of-state PAC (ID#:_AbbVie PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_		Chicago, IL 60064				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:_ Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code Abbott Hill, IL 60064)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#:_ Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_Anderson, David & Jan Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_Arnold, Ellen Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)				3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/18/2023	5 Full name of contributor Aus, Fred6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$250.00
8	Principal occu Consultant	Austin, TX 78739 pation / Job title (See Instructions	()		Employer (See Instructions Strategic Partnerships II			
	Date 10/23/2023	Full name of contributor Ausley, Robbie & Tom Contributor address; City; Si Austin, TX 78731	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u> 5)		
	Date 09/16/2023	Full name of contributor Ballard, Paul Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$500.00
	Dringing! goog	Austin, TX 78746 pation / Job title (See Instructions			Employer (See Instructions	·,		
	Not Employe	•			None (See Instructions	•)		
	Date 10/18/2023	Full name of contributor Bazerghi, Norma Contributor address; City; Si Austin, TX 78746	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions None	5)		
	Date 10/03/2023	Full name of contributor Bazerghi, Norma Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions None	s)		
								

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 3/28 Rpt: 6/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/19/2023	 5 Full name of contributor out-of-state PAC (ID#: Blau, Robert 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Not Employe		None None	,		
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_Blau, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	None			
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_ Boethel, Carey & Ruth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Austin, TX 78733				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_Bridges, Russell Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#:_Brim, Jay Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Brim & Brim P.C>)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/28 Rpt: 7/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 10/19/2023	 Full name of contributor out-of-state PAC (ID#:_Bristol, Valarie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Austin, TX 78746				
8	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:_ Bullock, Dan Contributor address; City; State; Zip Code Austin, TX 78763			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_ Bylo Chacon, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Berkeley, CA 94704 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/19/2023	Full name of contributor out-of-state PAC (ID#:_ Bylo Chacon, Jessica Contributor address; City; State; Zip Code Berkeley, CA 94704	None		Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)		
	Date 11/10/2023	Full name of contributor x out-of-state PAC (ID#:_ CVS Health PAC Contributor address; City; State; Zip Code Washington, DC 20004	C00384818)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/28 Rpt: 8/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 11/13/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_	Drive in all cases	Washington, DC 20001	O Frankriger (Cook keets estimation			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#:_Calhoun, Kathleen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78749 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	None			
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#:_ Casey, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78723				
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions MoakCasey LLC)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_Chase, Scott Contributor address; City; State; Zip Code Dallas, TX 75208			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Choctaw National of Oklahoma Contributor address; City; State; Zip Code Durant, OK 74702)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/28 Rpt: 9/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 10/22/2023	5 Full name of contributor Civins, Jeff6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	5)	9 Employer (See Instructions	 s)		
	Attorney			Haynes and Boone LLP	,		
	Date 11/08/2023	Full name of contributor Comcast Corporation & N Contributor address; City; S Philadelphia, PA 19103		000248716)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 09/05/2023	Full name of contributor Cook Norton, Diane Contributor address; City; S Round Rock, TX 78664	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed		None			
	Date 10/17/2023	Full name of contributor Cottingham, Jacob Contributor address; City; S Austin, TX 78745)		Amount of Contribution (\$)	\$150.00
	Principal occu Director Gov	pation / Job title (See Instructions 't Relations	s)	Employer (See Instructions TACC	5)		
	Date 10/18/2023	Full name of contributor Crozier, Mary Genevieve Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 7/28 Rpt: 10/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commissio 00042130	n Filers)
4	Date 09/07/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Auatin, TX 78704 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	Nurse Practi			Cardea Sevices	·)		
	Date 10/04/2023	Full name of contributor out-of-state PAC Cullinane, Mary Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Auatin, TX 78704			Ĺ		
	Nurse Practi	pation / Job title (See Instructions) cioner		Employer (See Instructions Cardea Sevices	S)		
	Date 10/20/2023	Full name of contributor x out-of-state PAC (ID#: C00097568) Employees of Ratheon Technologies Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
		Arlington, VA 22209	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/04/2023	Full name of contributor out-of-state PAC Evans, William Contributor address; City; State; Zip Code Georgetown, TX 78628				Amount of Contribution (\$)	\$250.00
	Principal occu Real Estate I	pation / Job title (See Instructions) Broker		Employer (See Instructions Self	5)		
	Date 10/03/2023	Full name of contributor out-of-state PAC Evans, William Contributor address; City; State; Zip Code Georgetown, TX 78628			•	Amount of Contribution (\$)	\$250.00
	Principal occu Real Estate I	pation / Job title (See Instructions) Broker		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 8/28 Rpt: 11/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/23/2023	5 Full name of contributor Fero, Mary6 Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deignaignal	Austin, TX 78757	lo l	Francisco (Coo Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 10/21/2023	Full name of contributor Foss, Linda Contributor address; City; State; Austin, TX 78715	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	d		None			
	Date 09/04/2023	Full name of contributor Frede, Martha Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78731					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 10/03/2023	Full name of contributor Frede, Martha Contributor address; City; State; Austin, TX 78731	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 09/18/2023	Full name of contributor Fridrich, Pamela Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/28 Rpt: 12/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/22/2023	 Full name of contributor out-of-state PAC (ID#:_Gardner, Margaret Ann Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$125.00
_	Drivainal	Austin, TX 78739	O Familia de Cara la atrustica de			
8	Principal occu Psychologist	pation / Job title (See Instructions) t	9 Employer (See Instructions Self	5)		
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_ Gray, Elizabeth Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions None	5)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Hall, Evan Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_ Hamilton, William Contributor address; City; State; Zip Code Austin, TX 78702)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None	5)		
	Date 10/22/2023	Full name of contributor out-of-state PAC (ID#:_ Harris, Barbara Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/28 Rpt: 13/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 10/03/2023	5 Full name of contributor out-of-state PAC (ID#:_ Harrison, Warren 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
_	<u></u>	Austin, TX 78748					
8	Executive	pation / Job title (See Instructions)	9 Employer (See Instructions T.C.D.R.S.)			
	Date 07/15/2023	Full name of contributor out-of-state PAC (ID#:_ Hausmann, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00	
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions)			
	Not Employed None		None				
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_ Hausmann, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00	
		Austin, TX 78702					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None)			
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_ Hausmann, Susan Contributor address; City; State; Zip Code Austin, TX 78702			Amount of Contribution (\$)	\$35.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None)			
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_ Hecker, Marvin Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)			

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 11/28 Rpt: 14/85	
2	FILER NAME Howard, Don	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 10/19/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8		Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe Date 10/03/2023	Full name of contributor Hess, Myron Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	None)		Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/21/2023	Full name of contributor Higgins, Frederick Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occup	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/05/2023	Full name of contributor [out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occup Conmissione	pation / Job title (See Instructions)		Employer (See Instructions Travis County)		
	Date 10/22/2023	Full name of contributor lannaccone, Marisa Contributor address; City; Stat Los Angeles, CA 90019	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occup Teacher	pation / Job title (See Instructions)		Employer (See Instructions Lake Travis ISD)		

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 12/28 Rpt: 15/85	
2	FILER NAME	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
_		·			Ļ		
4	Date 11/24/2023	lannaccone, Marisa	PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code					
		Los Angeles, CA 90019	•				
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Lake Travis ISD	5)		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	08/29/2023	Ingram, Jolene					\$25.00
		Contributor address; City; State; Zip Code	•••••		1		
		Austin, TX 78759					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employed			None			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2023	Ireson, Diane					\$500.00
		Contributor address; City; State; Zip Code					
		=v =====					
		Austin, TX 78703	i		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Clinical Soci	ai worker		Self			
	Date	—	PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2023	Ireson, Diane					\$1,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78703					
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·, 		
	Clinical Soci	,		Self	')		
					<u> </u>	Assessment of Occapillations (A)	
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/21/2023						\$50.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	:) 		
	•	Diagnostician		Del Valle ISD	')		
	_aaoadonal			201 (4.10 100			

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 13/28 Rpt: 16/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/04/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu Computer Er	Austin, TX 78746 pation / Job title (See Instructions) ngineer	9	Employer (See Instructions VMware)		
	Date 12/12/2023	Full name of contributor K&L Gates LLP Committee				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/18/2023	Full name of contributor Khataw, Nahid Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Business De	Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions Encotech Engineering)		
	Date 09/22/2023	Full name of contributor [Kilpatrick, Mark and Sharor Contributor address; City; State Austin, TX 78723				Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
	Date 07/15/2023	Full name of contributor Knisely, Anne-Francoise Contributor address; City; Stat West Lake Hills, TX 78746	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None)		
			<u>, </u>				

	MONET	ARY POLITICAL CONT	S	SCHEDULE A			
	The Instruc	ction Guide explains how to co	mplete this forn	n.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 17/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 09/04/2023	Kyba, Ferne 6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78733 pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Not Employe	d		None			
	Date 09/04/2023	Lewis, Nancy Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Not Employe			None	,		
	Date 10/09/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/03/2023	Lockwood, Annie	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 09/26/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 12/30/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$350.00	
_	Deireire I e e e	Austin, TX 78701	O Frankrige (Cook loots at income				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_Lopez, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Park Ridge, IL 60068 pation / Job title (See Instructions)	Employer (See Instructions)			
	Not Employe		None	,			
	Date 07/16/2023	Full name of contributor out-of-state PAC (ID#:_ Luecke, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Austin, TX 78746					
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions University of Texas)			
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Lynch, Nancy Contributor address; City; State; Zip Code West Lake Hills, TX 78746			Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)			
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_Lynch, Nancy Contributor address; City; State; Zip Code West Lake Hills, TX 78746			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/28 Rpt: 19/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)	
4	Date 09/04/2023	 Full name of contributor out-of-state PAC (ID#:_McClure, Thomas Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00	
_	5	Austin, TX 78757	In 5 1 (0 1 1 ii				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions State of Texas	·)			
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#:_ McCreary, Patsy Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	5)			
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code Richmond, VA 23219			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_McHorse, Paul Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$250.00	
	Principal occu CAA	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott and White I		alth		
	Date 10/22/2023	Full name of contributor out-of-state PAC (ID#:_McKenzie, JoAnn Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	()			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this 1	orm.	1	Total pages Schedule A1: Sch: 17/28 Rpt: 20/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)	
4	Date 10/20/2023	 Full name of contributor	C00097485)	7	Amount of Contribution (\$)	\$1,000.00	
_		Washington, DC 20004	Ta = 1 (2 1 1 1 1				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_ Mitchell, James Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Analyst		Austin Energy				
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_ Morton, Peggy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Austin, TX 78746					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None)			
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_ Myers, Martha Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$25.00	
	Principal occu Ride Share	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_NACDS PAC Contributor address; City; State; Zip Code Arlington, VA 22209			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CO		E A1			
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/05/2023	5 Full name of contributor Neavel, Nancy6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deireinele	austin, TX 78703	lo.	Faralas as (Cara la desartia a			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u></u>		
	Date 10/05/2023	Full name of contributor Neeley, Karen Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney Indep		Independent Bankers As	SSC	ciation of Texas		
	Date 10/03/2023	Full name of contributor Nehring, Maria Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78746					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	i)		
	Date 11/28/2023	Full name of contributor Nelson, Louise Contributor address; City; State Austin, TX 78746)		Amount of Contribution (\$)	\$100.00
	Principal occu Software Dev	pation / Job title (See Instructions) veloper		Employer (See Instructions University of Texas at A		in	
	Date 09/04/2023	Full name of contributor Nelson, Phyllis Contributor address; City; State Austin, TX 78716				Amount of Contribution (\$)	\$100.00
	Principal occu Bookseller	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>;</u>)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/28 Rpt: 22/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 10/03/2023	 Full name of contributor out-of-state PAC (ID#:_Nelson, Phyllis Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00	
_		Austin, TX 78716	10.5 1 (0.1.1.1)				
8	Bookseller	ipation / Job title (See Instructions)	9 Employer (See Instructions Self				
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_ Niland, Nona Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions None	5)			
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_ Norris, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Deinsinal assu	Austin, TX 78756	Frankrijer (Cook kraterijetis ro				
	Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None	·)			
	Date 10/03/2023	Full name of contributor out-of-state PAC (ID#:_ Norris, Robert Contributor address; City; State; Zip Code Austin, TX 78756			Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None	()			
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_ Nowlin, Bettye Contributor address; City; State; Zip Code Austin, TX 78730			Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions None)			

	MONET	ARY POLITICAL		SCHEDUI	LE A1		
	The Instruc	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/28 Rpt: 23/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 11/01/2023	5 Full name of contributorOrganon & Co. Employee6 Contributor address; City; S		C00780171)	7	Amount of Contribution (\$)	\$750.00
_		Washington, DC 20001		<u> </u>	Ĺ		
8	Principal occu	pation / Job title (See Instruction	S)	9 Employer (See Instructions	5)		
	Date 10/23/2023	Full name of contributor Patrick, Mary Contributor address; City; S			•	Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instruction	c)	Employer (See Instructions	-, 		
	Retired	pation / 300 title (See instruction	5)	None (See Instructions	>)		
	Date 09/06/2023	Full name of contributor Pestorius, Eileen Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
	D: : 1	Austin, TX 78759		I = 1	Ĺ		
	Not Employe	pation / Job title (See Instructioned	s)	Employer (See Instructions None	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00016683 11/08/2023 Pfizer PAC Contributor address; City; State; Zip Code New York, NY 10017		(200016683)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 10/05/2023	Full name of contributor Phillips, James Contributor address; City; S Austin, TX 78711	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructioned	s)	Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/28 Rpt: 24/85		
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 09/04/2023	5 Full name of contributor out-of-state PAC (ID#:_ Pumfrey, William Ross 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
_		Austin, TX 78736	I				
8	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None	i) 			
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_ Purnell, Neva Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None	5)			
	Date 09/06/2023	Full name of contributor out-of-state PAC (ID#:_ Realini, Janet Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Deinsinal assu	San Antonio, TX 78255	Translavan (Can Instruction	_			
	•	upation / Job title (See Instructions) d PI Big Decisions Study	Employer (See Instructions Healthy Futures of Texa				
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#:_ Reeser, Rose Contributor address; City; State; Zip Code West Lake Hills, TX 78746			Amount of Contribution (\$)	\$500.00	
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions None	<u> </u>			
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Rider, Kathy T Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$150.00	
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None	()			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/28 Rpt: 25/85	
2	FILER NAME Howard, Dor	ER NAME ward, Donna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 10/12/2023			7	Amount of Contribution (\$)	\$250.00	
8	Principal occur	Austin, TX 78704 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ü	Not Employe			None	"		
	Date Full name of contributor out-of-state PAC (ID#:) 10/04/2023 Robles, Rhonna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Austin, TX 78731					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 10/18/2023				Amount of Contribution (\$)	\$250.00	
		Austin, TX 78746					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 09/26/2023 Rodriguez, Homer & Carolyn)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/30/2023 Rodriguez, Homer & Carolyn Contributor address; City; State; Zip Code Austin, TX 78748			Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1				
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 23/28 Rpt: 26/85	
2	FILER NAME Howard, Dor	NAME rd, Donna S. (The Honorable)			3	Filer ID (Ethics Commission 00042130	n Filers)	
4	Date 09/10/2023			7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Austin, TX 78731 pation / Job title (See Instruction:	5)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/26/2023	Full name of contributor Sanofi US Services Inc. E Contributor address; City; S			None		Amount of Contribution (\$)	\$1,000.00
	Principal occur	Bridgewater, NJ 08807 pation / Job title (See Instruction	3)		Employer (See Instructions	;) 		
	i illicipai occu	pation / 300 the (See Instruction)	3)		Employer (See Instructions	•)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/03/2023 Sawyer, Emy Lou Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
		Austin, TX 78731						
	Principal occup	pation / Job title (See Instruction: d	5)		Employer (See Instructions None	5)		
	Date 10/23/2023 Full name of contributor out-of-state PAC (ID#: Shanblum, L.R. Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$100.00		
		pation / Job title (See Instruction: Relations Specialist	5)		Employer (See Instructions Austin Regional Clinic	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/02/2023 Silver, Paul Contributor address; City; State; Zip Code Austin, TX 78703		•	Amount of Contribution (\$)	\$20.00			
	Principal occu Investor	pation / Job title (See Instruction	5)		Employer (See Instructions Paul Silver Inc.	5)		
			-					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	he Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 24/28 Rpt: 27/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	n Filers)
4	Date 10/03/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$50.00
_		Austin, TX 78703	Ta			
8	Principal occu Investor	pation / Job title (See Instructions)	9 Employer (See Instructions Paul Silver Inc.	i) 		
	Date 10/23/2023				Amount of Contribution (\$)	\$100.00
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) None			5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/15/2023 Skaggs, Betty Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Deire size al. a a a co	Austin, TX 78731	T. Faralassa (Oct. Instruction	_		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#: 09/26/2023 Skaggs, Betty Contributor address; City; State; Zip Code Austin, TX 78731				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Steinhardt, Mary & John Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$250.00	
	Principal occu Faculty	pation / Job title (See Instructions)	Employer (See Instructions UT Austin)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	struction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 25/28 Rpt: 28/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 10/19/2023			7	Amount of Contribution (\$)	\$50.00
_		Austin, TX 78745				
8	Constable	pation / Job title (See Instructions)	9 Employer (See Instructions Travis County)		
	Date 10/22/2023	10/22/2023 Sulak, Gail Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Austin, TX 78703 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction None)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 Swinnea, Carolyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	•	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:_ 10/30/2023 Taniguchi, Evan Contributor address; City; State; Zip Code Austin, TX 78705		None		Amount of Contribution (\$)	\$500.00
	Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instructions Taniguchi Architects)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Texas Association for Home Care and Hospice PAC Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 26/28 Rpt: 29/85	
2	FILER NAME Howard, Dor	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 10/23/2023	5 Full name of contributor out-of-state PAC (ID#:) Texas Medical Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/12/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#:) The Cigna Group Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Philadelphia, PA 19192 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas, Katherine Contributor address; City; State; Zip Code Austin, TX 78750)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 10/07/2023	Full name of contributor out-of-state PAC (ID#:_ Thomas, Mary Beth Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	action Guide explains how to complete this form.			Total pages Schedule A1: Sch: 27/28 Rpt: 30/85	
2	FILER NAME Howard, Doi	nna S. (The Honorable)		3	Filer ID (Ethics Commission 00042130	on Filers)
4	Date 12/04/2023	_ · · · · · · · · · · · · · · · · · · ·		7	Amount of Contribution (\$)	\$1,500.00
_	Deinainal agai	Washington, DC 20005	O Family or (Cool looks at land			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#:) VOTE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date 10/18/2023				Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78745 upation / Job title (See Instructions)	Employer (See Instructions			
		rance Analyst	Progressive	,		
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2023 Vistra Employee PAC Contributor address; City; State; Zip Code Irving, TX 75039			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_Walker, Nancy Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions None)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 28/28 Rpt: 31/85		
2	FILER NAME Howard, Donna S. (The Honorable)	3	Filer ID (Ethics Commission 00042130	on Filers)	
4	Date 09/29/2023 5 Full name of contributor out-of-state PAC (ID#:) Weihs, Diana 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$200.00	
8	Austin, TX 78703 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	2006)			
0	Not Employed None None	JIIS)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2023 West, Lynda Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$200.00	
	Austin, TX 78733				
	Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) None	ons)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/23/2023 Yildirim, Yetkin Contributor address; City; State; Zip Code Austin, TX 78723		Amount of Contribution (\$)	\$250.00	
	Principal occupation / Job title (See Instructions) Director Employer (See Instructions) Rice University	ns)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/54 Rpt: 32/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	·
	12/31/2023	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$850.21	366 Summer St.	
		Somerville, MA 02144	
8	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit Card Processing Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/19/2023	American Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12,244.55	1606 Headway Cir.	
		Austin, TX 78754	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Newsletter
			1 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/19/2023	American Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,728.44	1606 Headway Cir.	
		Austin, TX 78754	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Chip Clips
			. 5
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/54 Rpt: 33/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/23/2023	American Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16,286.06	1606 Headway Cir.
		Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Newsletter Postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2023	Annie's List
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 303277
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	<u>'</u>
	Date	Payee name
	08/08/2023	Austin Business Journal
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.88	504 Lavaca St.
		#504
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/54 Rpt: 34/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/05/2023	Austin City Hall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	301 W. 2nd St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/18/2023	Caldwell County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P.O. Box 1011
		Lockhart, TX 78644
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/15/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	75 E Santa Clara St.
	,==	
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Graphic Design Software
	Operation ONE V. C. F.	Out that Office half are seen as the control of the country of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/54 Rpt: 35/85 Howard, Donna S. (The Honorable) 00042130 4 Date Payee name 11/15/2023 Canva 6 Amount (\$) Payee address; State; Zip Code \$12.95 75 E Santa Clara St. San Jose, CA 95113 8 **PURPOSE** (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 Graphic Design Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2023 Canva Amount (\$) Payee address; City; State; Zip Code \$12.95 75 E Santa Clara St. San Jose, CA 95113 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Graphic Design Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2023 Canva Amount (\$) Payee address: City; State; Zip Code \$12.95 75 E Santa Clara St. San Jose, CA 95113 **PURPOSE** (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 Graphic Design Software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 5/54 Rpt: 36/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	08/16/2023	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Graphic Design Software	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to berieff C/O	п	
	Date	Payee name	
	07/17/2023	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.95	75 E Santa Clara St.	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Creak if Austin, TX, officeholder living expense	
		Graphic Design Software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data	Davisa maria	
	Date 10/16/2023	Payee name Capital Area Progressive Democrats	
	Amount (\$) \$275.00	Payee address; City; State; Zip Code P.O. Box 413	
	φ215.00	F.O. BOX 413	
		A	
		Austin, TX 78767	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Event Sponsorship	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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: 6/54 Rpt: 37/85	Howard, Donna S. (The Honorable)	00042130	
4	Date	5 Payee name		
	12/08/2023	Casa de Luz		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
_	\$78.00	1701 Toomey Rd.		
		Austin, TX 78704		
8	PURPOSE			
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	1 courbeverage Expense	, TX, officeholder living expense	
		Food for Cap	itol Staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/27/2023	Celia Israel Campaign		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$250.00	8708 S. Congress Ave.		
		#500		
		Austin, TX 78745		
	PURPOSE			
	OF		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	, TX, officeholder living expense	
		Campaign Co	ontribution	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	experientare to benefit Gree			
	Date	Payee name		
	10/23/2023	Chez Zee American Bistro		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,353.61	5406 Balcones Dr.		
		Austin, TX 78731		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T.	
			, TX, officeholder living expense verages at Fundraiser	
		Food and be	verages at Fundraiser	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	Complete ONLY if direct expenditure to benefit C/OI		Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/54 Rpt: 38/85	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date	5 Payee name
Ĺ	10/05/2023	Chez Zee American Bistro
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5406 Balcones Dr. Austin, TX 78731
8	PURPOSE	1
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and Beverages at Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Chuy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.81	1728 Barton Springs Rd.
	DUDDOG	Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/12/2023	Dallas Morning News
	Amount (\$) \$32.51	Payee address; City; State; Zip Code 1954 Commerce St
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	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/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/54 Rpt: 39/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	-
	11/13/2023	Dallas Morning News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Office Overhead/Rental Expense	neck if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	,	neck if Austin, TX, officeholder living expense
		New	spaper Subscription
_	Operation ONE V if dispose	Out til to 10ff on holden manne	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/12/2023	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.51	1954 Commerce St	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Onice Overneau/Nental Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
		,	spaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	09/12/2023	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.40	1954 Commerce St	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	rintion
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l □ cr	neck if Austin, TX, officeholder living expense
		New	spaper Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	onpolicitate to bollolit 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 9/54 Rpt: 40/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/14/2023	Dallas Morning News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.40	1954 Commerce St
		Dallas, TX 75201
8	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
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/12/2023	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.40	1954 Commerce St
		Dallas, TX 75201
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/15/2023	Davis, Henry
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Juli 1 dy
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officeholder/Politica Credit Card Payment						OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAN	<u></u>				3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 10/54 Rpt: 41/85		onna S. (The Hono	rable)				00042130	· ·	,
4	Date	5 Payee nam	e				<u> </u>			
	12/15/2023	Davis, He								
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$1,700.00	1	ey Oaks Ct	этэ, цр						
	•									
		Austin, TX	(78704							
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/V	Vages/Contract Lab	or		Check if travel of Check if Austin,			mplete Schedule T.	
						Staff Pay	, 17,	Onicendiaer livi	ng expense	
						,				
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught			Office	held	
	Date	Payee nam	e							
	12/04/2023	Davis, He	nry							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$1,700.00	2808 Kinn	ey Oaks Ct							
		Austin, TX	78704							
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/V	Vages/Contract Lab	or		=			mplete Schedule T.	
						Check if Austin, Staff Pay	, IX,	officenolder livi	ng expense	
						Otan r ay				
	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sou	l Jaht			Office	held	
	expenditure to benefit C/OI				-g					
-	Date	Payee nam	10							
	11/01/2023	Davis, He								
_	Amount (\$)	Payee add		State; Zip Co	nde					
	\$1,700.00	1	ey Oaks Ct	State, Zip Ci	Jue					
	Ψ1,100.00	2000 11111	icy dans di							
		Austin, TX	(78704							
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		Vages/Contract Lab				outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE					Check if Austin,	, TX,	officeholder livi	ng expense	
						Staff Pay				
	Complete ONLY if alias -t	Condidate (C	fficeholder	O#:	l color			Office -	hold	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ugnt			Office	neiu	
	•									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 11/54 Rpt: 42/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	10/02/2023	Davis, Henry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	09/05/2023	Davis, Henry
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2023	Davis, Henry
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Stall Fay
\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 Commit

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/54 Rpt: 43/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/10/2023	Davis, Henry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	2808 Kinney Oaks Ct
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/25/2023	Dialogue Institute
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2650 Gattis School Rd
		Ste. 700
		Round Rock, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Dialogue Institute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/03/2023	Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	95 Third Street
		2nd Floor
		San Francisco, CA 94103
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Event Ticketing & Marketing Platform Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 13/54 Rpt: 44/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/26/2023	Facilitron, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$670.68	485 Alberto Way
		Suite 220
		Los Gatos, CA 95032
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
		Event Planning Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/08/2023	Fairmont Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.47	101 Red River St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Valet Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/09/2023	GNI Consulting, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	685008 PO Box
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance Consulting
		Sompliance Consularly
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 14/54 Rpt: 45/85		Howard, Do	nna S. (The Hoi	norable)				00042130		
4	Date	5	Payee name								
	12/11/2023	ı	Gannet Co,	Inc.							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	<u> </u>				
	\$15.86		7950 Jones	Branch Drive							
			McLean, VA	22107							
8	PURPOSE	⊢				/h) Description				
°	OF			e Categories listed at th		(0	Description Check if travel	outsi	ide of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Exp	Jense				, officeholder livin		
							Newspaper S	Sub	scription		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	sough	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	11/09/2023	ı	Gannett Co,	Inc							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	<u> </u>				
	\$15.86		7950 Jones	Branch Drive							
			McLean, VA	22107							
	PURPOSE	_		e Categories listed at th		(h) Description				
	OF			ie Categories listed at tr nead/Rental Exp		,~	`	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	roda/rtornar =xp	701.00		Check if Austin	ı, TX	, officeholder livin	g expense	
							Newspaper S	Sub	scription		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/Oi	П									
	Date		Payee name								
	10/11/2023		Gannett Co,	Inc							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	,				
	\$15.86		7950 Jones	Branch Drive							
			McLean, VA	22107							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description				
	OF EXPENDITURE			nead/Rental Exp			ш			nplete Schedule T.	
	LAI LINDITORE								, officeholder livin	g expense	
							Newspaper S	auc	scription		
_	Complete ONLY if allower	Ļ	Condidate (Off	acholder ======	Off.: -		•		Off: 1	ald	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Office	sougn	ι		Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 15/54 Rpt: 46/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	09/11/2023	Gannett Co, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.86	7950 Jones Branch Drive	
		McLean, VA 22107	
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	
		Newspaper Subscription	
		Newspaper Casconpact	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	08/09/2023	Gannett Co, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$11.63	7950 Jones Branch Drive	
		McLean, VA 22107	
	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	
		Newspaper Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	07/10/2023	Gannett Co, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$11.63	7950 Jones Branch Drive	
		McLean, VA 22107	
	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 Newspaper Subscription	
		ινενισμαμεί συμουπριίοπ	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/54 Rpt: 47/85	2 FILER NAME Howard, Donna S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00042130
4	Date 07/31/2023	5 Payee name Ground Game Texas
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 310 Austin, TX 78767
8	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 Event Sponsorship
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/20/2023	Payee name HEB
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 20935 US Highway 281 N San Antonio, TX 78258
	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 Donation to Central Texas Food Bank
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/18/2023	Payee name HEB
	Amount (\$) \$51.23	Payee address; City; State; Zip Code 20935 US Highway 281 N
		San Antonio, TX 78258
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol
	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 -

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 17/54 Rpt: 48/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	12/04/2023	Hill Country Springs, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.07	10019 IH 35 Frontage Rd
		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 Water Delivery for Capitol Office
		water belivery for eapher effice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/02/2023	Hill Country Springs
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$43.31	10019 S Interstate 35 Frontage Rd.
	Ψ40.01	10013 3 Interstate 33 Frontage Na.
		Auglie TV 70747
L		Austin, TX 78747
	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
		Water Delivery for Capitol Office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/04/2023	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$26.32	10019 S Interstate 35 Frontage Rd.
	Ψ20.32	10013 3 Interstate 33 Frontage Na.
		Auctin TV 70747
L	DUDD005	Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Delivery for Capitol Office
1		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
一		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 18/54 Rpt: 49/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/05/2023	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.07	10019 S Interstate 35 Frontage Rd.
		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 Water Delivery for Capitol Office
		vvaler belivery for capitor crinec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	08/02/2023	
		Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.31	10019 S Interstate 35 Frontage Rd.
		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 Austin, TX, officeholder living expense
		Water Delivery for Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/05/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.07	10019 S Interstate 35 Frontage Rd.
		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 Austin, TX, officeholder living expense Water Delivery for Capitol Office
		water belivery for Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	plete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 19/54 Rpt: 50/85	Howard, Donna S. (The Honorable)			00042130	
4	Date	5 Payee name		'		
	07/14/2023	Hoboken Pizza				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$82.35	718 Red River St.				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outsid		
	EXPENDITURE			Check if Austin, TX, o		expense
			FC	ood for Capitol	Staff	
_	0 1: 0.11.7.7.1.				0.00	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	·					
	Date	Payee name				
	12/21/2023	Houston Chronicle				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$19.96	4747 Southwest Fwy				
		Houston, TX 77027				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
			L Ne] Check if Austin, TX, o ewspaper Subs		expense
				отгораро. Саве	onpuon	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt .		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	12/12/2023	Houston Chronicle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.96	4747 Southwest Fwy	C			
	Ψ20.00	The Goddingsoft my				
		Houston, TX 77027				
	DUDDOOF					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	D) DE	escription Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overflead/Refital Expense	┝	Check if Austin, TX, o		
			Ne	ewspaper Subs	cription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI	1				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
	Sch: 20/54 Rpt: 51/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	11/24/2023	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.96	4747 Southwest Fwy	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	edule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	·		
	Date	Payee name	
	11/14/2023	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.96	4747 Southwest Fwy	
		Houston, TX 77027	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sch	
l		Newspaper Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Payee name	
	10/26/2023	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.96		
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	edule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Newspaper Subscription	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/54 Rpt: 52/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	10/17/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Newspaper Subscription
		νενισμαρεί σαυσεπραστί
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	09/28/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
	Ψ10.50	4141 Goddinest Tily
		Houston, TX 77027
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	09/19/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Subscription
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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

	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: 22/54 Rpt: 53/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/31/2023	Houston Chronicle
6	Amount (\$) \$19.96	7 Payee address; City; State; Zip Code 4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2023	Houston Chronicle
	Amount (\$) \$19.96	Payee address; City; State; Zip Code 4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/03/2023	Houston Chronicle
	Amount (\$) \$19.96	Payee address; City; State; Zip Code 4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 23/54 Rpt: 54/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	_
l	07/25/2023	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$19.96	4747 Southwest Fwy	
l			
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Data		=
l	Date 07/06/2023	Payee name Houston Chronicle	
L			_
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.96	4747 Southwest Fwy	
l		W t TV 77007	
L		Houston, TX 77027	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Newspaper Subscription	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
	Date	Payee name	
	08/28/2023	Jama Pantel Photography	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$422.18	P.O. Box 204051	
l			
		Austin, TX 78720	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Photography	
		, notography	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/54 Rpt: 55/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	10/02/2023	Julie Johnson for Congress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 802765
		Dallas, TX 75380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee Campaign Contribution
		Campaign Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Davies same
	10/25/2023	Payee name Liberal Austin Democrats
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 49712
	\$250.00	P.O. Box 49712
		A . (C. TV 7070F
		Austin, TX 78765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/18/2023	Lopez-Resendez, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$925.00	12833 Withers Way
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if alias -t	Condidate/Officeholder name Office county Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 25/54 Rpt: 56/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	_
	12/18/2023	Lopez-Resendez, Samantha	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,000.00	12833 Withers Way	
		Austin, TX 78727	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Staff Pay	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Data	<u> </u>	_
	Date 11/30/2023	Payee name Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		A T. V. 70707	
		Austin, TX 78727	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Staff Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/06/2023	Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		Austin, TX 78727	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Staff Pay	
		Jian Fay	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/54 Rpt: 57/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	•
	10/02/2023	Lopez-Resendez, Samantha	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,025.00	12833 Withers Way	
		Austin, TX 78727	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.
	EXPENDITORE	l — — — — — — — — — — — — — — — — — — —	stin, TX, officeholder living expense
		Staff Pay	
_	Operation ONE V if dispert	Out tidate (Office health are reserved)	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	08/30/2023	Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		Austin, TX 78727	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Staff Pay	sair, 174, Gineeriolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/16/2023	Lopez-Resendez, Samantha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.00	12833 Withers Way	
		,	
		Austin, TX 78727	
	PURPOSE		
	OF		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		Staff Pay	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/O	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	The Instruction Guide explains how to co	omplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 27/54 Rpt: 58/85	Howard, Donna S. (The Honorable)		00042130	
4 Date	5 Payee name		•	
11/06/2023	Lyft, Inc			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$51.53	185 Berry St #5000			
	San Francisco, CA 94107			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on	
OF EXPENDITURE	Transportation Equipment & Related		if travel outside of Texas. Com	
EXI ENDITORE	Expense	. —	if Austin, TX, officeholder living	
		Transpo	ortation for Officehold	iei
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	nid
expenditure to benefit C/O		ugni	Office the	aiu
Data				
Date 11/06/2023	Payee name			
	Lyft, Inc			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$94.84	185 Berry St #5000			
	San Francisco, CA 94107			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti		
EXPENDITURE	Transportation Equipment & Related		if travel outside of Texas. Com if Austin, TX, officeholder living	
	Expense		ortation for Officehold	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> ught	Office he	eld
expenditure to benefit C/O	Н			
Date	Payee name			
10/30/2023	Lyft, Inc			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$44.12	185 Berry St #5000	ouc		
Ψ·11.12	Too Bony of woods			
	San Francisco, CA 94107			
PURPOSE		(h) December		
OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	(b) Description	On if travel outside of Texas. Com	plete Schedule T.
EXPENDITURE	Expense		if Austin, TX, officeholder living	
	·	Transpo	ortation for Officehold	der
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	H			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/54 Rpt: 59/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	<u> </u>
	10/06/2023	Lyft, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.96	185 Berry St #5000	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			Transportation for Officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- CAPCHARLATO TO SOTION COO		
	Date	Payee name	
	10/05/2023	Lyft, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.99	185 Berry St #5000	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.
		Expense	Check if Austin, TX, officeholder living expense
			Transportation for Officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
	Data	Davies were	
	Date 10/02/2023	Payee name Lyft, Inc	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.99	185 Berry St #5000	
		0.5.	
		San Francisco, CA 94107	
	PURPOSE OF	, -	Description
	EXPENDITURE	Transportation Equipment & Related Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense	Transportation for Officeholder
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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 Filer	s)
	Sch: 29/54 Rpt: 60/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	08/28/2023	Lyft, Inc	
6	Amount (\$) \$18.00	7 Payee address; City; State; Zip Code 185 Berry St #5000	
		San Francisco, CA 94107	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Officeholder	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/15/2023	Masa y Mas	
	Amount (\$) \$126.20	Payee address; City; State; Zip Code 1817 S Lamar Blvd	
		Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Capitol Staff	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/25/2023	Metropolis	
	Amount (\$) \$17.49	Payee address; City; State; Zip Code 504 Lavaca St.	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee	
	Complete ONLY if direct expenditure to benefit C/Ol	L Candidate/Officeholder name Office sought Office held H	

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

	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: 30/54 Rpt: 61/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/31/2023	Perkins, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
		Gian'i ay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	_	
	Date	Payee name
	07/05/2023	Perkins, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1712 Woodward St., Apt. 111
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/18/2023	Payee name Overvin Bonort
		Quorum Report
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	P.O. Box 8
		Austin, TX 78767
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office acusts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 31/54 Rpt: 62/85	Howard, Donna S. (The Honorable)		00042130
4	Date	5 Payee name		•
	09/11/2023	Sams Club		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le	
	\$15.96	4265 Diplomacy Dr.		
		Columbus, OH 43228		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	. ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	12/29/2023	San Antonio Express News		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$23.96	P.O. Box 2171		
		San Antonio, TX 78205		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		וונ	Office field
	D :	_		
	Date	Payee name		
	12/01/2023	San Antonio Express News		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$23.96	P.O. Box 2171		
		San Antonio, TX 78205		
	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 Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		,,,,,	Since Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/54 Rpt: 63/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	11/03/2023	San Antonio Express News
6	Amount (\$) \$23.96	7 Payee address; City; State; Zip Code P.O. Box 2171
		San Antonio, TX 78205
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2023	San Antonio Express News
	Amount (\$) \$23.96	Payee address; City; State; Zip Code P.O. Box 2171 San Antonio, TX 78205
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/08/2023	San Antonio Express News
	Amount (\$) \$23.96	Payee address; City; State; Zip Code P.O. Box 2171
		San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/54 Rpt: 64/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/11/2023	San Antonio Express News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.96	P.O. Box 2171
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Newspaper Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	07/14/2023	San Antonio Express News
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.96	P.O. Box 2171
		San Antonio, TX 78205
	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 Newspaper Subscription
		Newspaper Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	Davida marra
	Date 12/18/2023	Payee name Schiovo, Eugenia
		Schieve, Eugenie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
		Kyle, TX 78640
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/54 Rpt: 65/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	12/18/2023	Schieve, Eugenie
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 100 Clearwater Way
		Kyle, TX 78640
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2023	Schieve, Eugenie
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 100 Clearwater Way Kyle, TX 78640
	DUDDOCE	· ·
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2023	Schieve, Eugenie
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 100 Clearwater Way
		Kyle, TX 78640
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Pay
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 35/54 Rpt: 66/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	
	09/25/2023	Schieve, Eugenie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00		
	¥200.00	255 5.55. 114.5	
		Kyle, TX 78640	
Ļ	DUDDOOF	· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel out	tside of Texas. Complete Schedule T.
	EXPENDITURE	Galaries/Wages/Goritraet Eabor	X, officeholder living expense
		Staff Pay	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	08/16/2023	Schieve, Eugenie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00		
	,		
		Kyle, TX 78640	
	PURPOSE	-	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel out	tside of Texas. Complete Schedule T.
	EXPENDITURE	Jaianes/Wages/Contract Labor	X, officeholder living expense
		Staff Pay	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	07/13/2023	Schieve, Eugenie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	100 Clearwater Way	
		Kyle, TX 78640	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	_	tside of Texas. Complete Schedule T.
	EXPENDITURE		X, officeholder living expense
		Staff Pay	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorare to beliefft C/OI	л I	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 36/54 Rpt: 67/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/13/2023	Schieve, Eugenie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	100 Clearwater Way
		Kyle, TX 78640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Pay
		Starr dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and a second a second and
	12/04/2023	Payee name
		Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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 Group Messaging Software
		Group Wessaging Software
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	David and a second a second and
	11/03/2023	Payee name Slack Technologies, LLC
		Slack Technologies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.69	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
	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 Group Messaging Software
		Group Wessaging Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 37/54 Rpt: 68/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
	10/03/2023	Slack Technologies, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.64	Salesforce Tower, 415 Mission St	
		San Francisco, CA 94105	
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 Group Messaging Software	
		Croup incodeging continue	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	09/05/2023	Slack Technologies, LLC	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$41.82		
	Φ41.02	Salesforce Tower, 415 Mission St	
		San Francisco, CA 94105	
	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	
		Group Messaging Software	
		Croup incodaging contrare	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
H	Date	Payee name	=
	08/03/2023	Slack Technologies, LLC	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$55.97	Salesforce Tower, 415 Mission St	
	φου.97	Salesionce Tower, 415 Mission St	
		San Francisco, CA 0410F	
L		San Francisco, CA 94105	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Group Messaging Software	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
1	expenditure to benefit C/OI	4	
Г			_
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 38/54 Rpt: 69/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	07/03/2023	Slack Technologies, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.97	Salesforce Tower, 415 Mission St
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Group Messaging Software
		Group Wessaging Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	12/11/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$563.88	P.O. Box 36611
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight for Women's Caucus
		riight for women's caucus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/05/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.47	2025 Guadalupe St
		Suite 01-100
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Christmas Gift for Foster Student
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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:	
	Sch: 39/54 Rpt: 70/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/17/2023	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,300.00	P.O. Box 15707
		Austin, TX 78761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Event Sponsorship
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/OI	<u> </u>
	Date	Payee name
L	10/04/2023	Texas Freedom Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 1624
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITURE	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	parameter to benome of or	
	Date	Payee name
	09/29/2023	Texas Gun Sense
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 92722
		Austin, TX 78709
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LIBITORE	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	•

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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:	
Sch: 40/54 Rpt: 71/85	Howard, Donna S. (The Honorable) 00042130
4 Date	5 Payee name
09/27/2023	Texas House Democratic Campaign Committee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1106 Lavaca St
	# 202
	Austin, TX 78701
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Coordinated Campaign Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/21/2023	Texas House of Representatives
Amount (\$)	Payee address; City; State; Zip Code
\$177.10	PO Box 2910
	Austin, TX 78768
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
	Flags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Ÿ
Data	
Date	Payee name Toyog Monthly
12/13/2023	Texas Monthly
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	P.O. Box 1569
	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Newspaper Subscription
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/54 Rpt: 72/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/29/2023	Texas Observer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,029.00	P.O. Box 6421
		Austin, TX 78762
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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
_	Commiste ONII V if diseast	Condidate/Office holder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	09/20/2023	Texas Tribune
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.00	919 Congress Ave.
		6th Floor
		Austin, TX 78701
	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
		Newspaper Subscription
		. somepaper ediscompact.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/26/2023	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue
	,	g
		New York, NY 10018
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Cara r ayment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 42/54 Rpt: 73/85	Howard, Donna S. (The Honorable)		00042130	
4	Date	5 Payee name			
	12/04/2023	The New York Times Company			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$18.09	620 Eighth Avenue			
		New York, NY 10018			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Con	
			Newspaper S	i, TX, officeholder livin Subscription	g expense
			riomopapor c	odboonption.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O				
-	Date	Payee name			
	11/28/2023	The New York Times Company			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.09	620 Eighth Avenue			
		S			
		New York, NY 10018			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	ш	outside of Texas. Con	
			Newspaper S	, TX, officeholder livin Subscription	g expense
			riomopapor c	odboonption.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O				
	Date	Payee name			
	11/06/2023	The New York Times Company			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.09	620 Eighth Avenue			
		-			
		New York, NY 10018			
	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. Con	
	EXPENDITORE		ш	, TX, officeholder livin	g expense
			Newspaper S	subscription	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	old
	Complete ONLY if direct expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·		Office n	ciu
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l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/54 Rpt: 74/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	10/31/2023	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
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
		Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/10/2023	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/03/2023	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		Nov. Varle NV 10010
		New York, NY 10018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Commiste ONE V. C.	Condidate (Office helder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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: 44/54 Rpt: 75/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/05/2023	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/OI	
	Date	Payee name
	09/01/2023	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
	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 Newspaper Subscription
		ινεννομαμεί Ομιοστίμμοτι
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Dayaa nama
	08/08/2023	Payee name The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.09	620 Eighth Avenue
		New York, NY 10018
	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
		Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/54 Rpt: 76/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	<u> </u>
	07/20/2023	The New York Times Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.09	620 Eighth Avenue	
		New York, NY 10018	
8	PURPOSE		Description
o	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	Check if Austin, TX, officeholder living expense
			Newspaper Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/11/2023	The New York Times Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.09	620 Eighth Avenue	
		.	
		New York, NY 10018	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Newspaper Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/06/2023	The Rocket Science Group, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.56	675 Ponce De Leon Ave NE, Suite 5000	
		Atlanta, GA 30308	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	Check if Austin, TX, officeholder living expense
			Campaign Email Vendor Subscription
	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/54 Rpt: 77/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	11/06/2023	The Rocket Science Group, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Email Vendor Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
F	Data	
	Date	Payee name The Decket Science Crown LLC
	10/06/2023	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Email Vendor Subscription
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/06/2023	The Rocket Science Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Email Vendor Subscription
L		
	Complete <u>ONLY</u> 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/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 47/54 Rpt: 78/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	_
l	08/07/2023	The Rocket Science Group, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$50.10	675 Ponce De Leon Ave NE, Suite 5000	
l			
l		Atlanta, GA 30308	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Campaign Email Vendor Subscription	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	'		_
l	Date	Payee name	
L	07/06/2023	The Rocket Science Group, LLC	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$50.10	675 Ponce De Leon Ave NE, Suite 5000	
l			
l		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Campaign Email Vendor Subscription	
		Campaign Imail render cases pion	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
F	Date	Payee name	-
l	11/27/2023	The Texan	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$90.00	1011 San Jacinto Blvd.	
l		Suite 315	
l		Austin, TX 78701	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Newspaper Subscription	
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
	Sch: 48/54 Rpt: 79/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	11/21/2023	Travis County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1311-B W 6th St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Coordinated Campaign Donation
_	Operation ONE VIII II	Our didn't 10 ff a balden game Office a south
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	08/10/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,635.00	1311 E. 6th St.
		В
		Austin, TX 78702
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/30/2023	University Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2819 Rio Grande St.
		#610
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 49/54 Rpt: 80/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/11/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.15	12900 No. I-35 Svc Rd. Sb
		Austin, TX 78753
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 for Capitol Office
		Supplies for Suprior Strice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/03/2023	Washington Post
H	Amount (\$)	Payee address; City; State; Zip Code
	\$127.92	1301 K St NW
		Washington, DC 20071
	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
		Newspaper Subscription
		. To repute a sussemble .
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/18/2023	West Austin Democrats
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 50064
		Austin, TX 78763
	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 Membership Dues
		iviettinetatiih priez
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/54 Rpt: 81/85	Howard, Donna S. (The Honorable)	00042130
4	Date	5 Payee name	•
	12/22/2023	Ylana Gonzalez, Kristen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	8004 Swindon Lane	
		Austin, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_	Date		
	Date	Payee name	
	12/04/2023	Ylana Gonzalez, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	8004 Swindon Lane	
		>/	
		Austin, TX 78745	
	PURPOSE OF	,	Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/01/2023	Ylana Gonzalez, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	8004 Swindon Lane	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE		Check if Austin, TX, officeholder living expense
			Staff Pay
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Since Helu
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l			

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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 51/54 Rpt: 82/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	_
	10/02/2023	Ylana Gonzalez, Kristen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$75.00	8004 Swindon Lane	
		Austin, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Pay	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	10/02/2023	Ylana Gonzalez, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	8004 Swindon Lane	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Staff Pay	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	08/31/2023	Ylana Gonzalez, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	8004 Swindon Lane	
		Austin, TX 78745	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living expanse.	
		Check if Austin, TX, officeholder living expense Staff Pay	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Г			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 52/54 Rpt: 83/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	08/01/2023	Ylana Gonzalez, Kristen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	8004 Swindon Lane
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/03/2023	Ylana Gonzalez, Kristen
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	8004 Swindon Lane
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/11/2023	Ziki
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.85	2118 S Congress Ave
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Food for Capitol
		Γοού τοι Θαριτοι
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:		
	Sch: 53/54 Rpt: 84/85	Howard, Donna S. (The Honorable) 00042130	
4	Date	5 Payee name	
L	12/04/2023	Zoom Video Communications, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.05	55 Almaden Blvd.	
		6th Floor	
		San Jose, CA 95113	
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 Video Conferencing Subscription	
		video Conferencing Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/O		
\vdash	Date	Dayee name	=
	11/06/2023	Payee name Zoom Video Communications, Inc	
_	Amount (\$)		4
	\$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd.	
	2 υ.11Φ		
		6th Floor	
		San Jose, CA 95113	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Video Conferencing Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	7
	expenditure to benefit C/OI		
	Date	Payee name	
L	10/04/2023	Zoom Video Communications, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.05	55 Almaden Blvd.	
		6th Floor	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense Video Conferencing Subscription	
		video Conicienting Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			\exists

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	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: 54/54 Rpt: 85/85	Howard, Donna S. (The Honorable) 00042130
4	Date	5 Payee name
	09/05/2023	Zoom Video Communications, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
8	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
		Video Conferencing Subscription
		Video Comordinaing Ediscomption
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH		
	Date	Payee name
	08/04/2023	Zoom Video Communications, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	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
		Video Conferencing Subscription
		Video Common of the Common of
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH		
	Date	Payee name
	07/05/2023	Zoom Video Communications, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd.
		6th Floor
		San Jose, CA 95113
	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 Video Conferencing Subscription
		Video Connectioning Subscription
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		