

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | |
|---|---|---|-----------------------------------|--|--|--------------------------------|------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00042130 | 2 Total pages filed: 85 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Donna S. | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Howard | SUFFIX | | Date Received ELECTRONICALLY FILED 01/16/2024 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 5375 Austin, TX 78763 | | | Date Hand-delivered or Date Postmarked | | | |
| | | | | Receipt # Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Donna | MI | | | | |
| | NICKNAME | LAST Howard | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 5375 Austin, TX 78763 | | | | | | |
| | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (737) | 231-0062 | | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 07 | 01 | 2023 | | 12 | 31 | 2023 |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | | ELECTION TYPE | | | |
| | | | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | |
| | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 48 | | | 12 OFFICE SOUGHT (if known) State Representative District 48 | | | |
| | | | | | | | |

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. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00042130

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 51,917.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 83,503.78 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 114,997.52 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Donna S. Howard

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 85

| | | |
|--|---|---|
| 18 FILER NAME Howard, Donna S. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00042130 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 51,917.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 83,503.78 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/28 Rpt: 4/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AbbVie PAC 6 Contributor address; City; State; Zip Code Chicago, IL 60064 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/15/2023 | Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David & Jan Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Ellen Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/28 Rpt: 5/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/18/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aus, Fred <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) Strategic Partnerships Inc. |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ausley, Robbie & Tom <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 09/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazerghi, Norma <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazerghi, Norma <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/28 Rpt: 6/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78757 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boethel, Carey & Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78733 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Russell <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Jay <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Brim & Brim P.C> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bristol, Valarie | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 09/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Dan | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78763 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 07/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bylo Chacon, Jessica | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Berkeley, CA 94704 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 08/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bylo Chacon, Jessica | Amount of Contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code Berkeley, CA 94704 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 11/10/2023 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00384818) CVS Health PAC | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20004 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/28 Rpt: 8/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 11/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CWA - COPE PCC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 08/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Kathleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) MoakCasey LLC |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 12/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choctaw National of Oklahoma <hr/> Contributor address; City; State; Zip Code Durant, OK 74702 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/28 Rpt: 9/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Civins, Jeff <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Haynes and Boone LLP |
| Date 11/08/2023 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u>) Comcast Corporation & NBC Universal PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook Norton, Diane <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottingham, Jacob <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Director Gov't Relations | | Employer (See Instructions) TACC |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crozier, Mary Genevieve <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/28 Rpt: 10/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/07/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullinane, Mary | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Auatn, TX 78704 | |
| 8 Principal occupation / Job title (See Instructions) Nurse Practitioner | | 9 Employer (See Instructions) Cardea Sevices |
| Date 10/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullinane, Mary | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Auatn, TX 78704 | |
| Principal occupation / Job title (See Instructions) Nurse Practitioner | | Employer (See Instructions) Cardea Sevices |
| Date 10/20/2023 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097568) Employees of Ratheon Technologies Corporation PAC | Amount of Contribution (\$) \$750.00 |
| | Contributor address; City; State; Zip Code Arlington, VA 22209 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, William | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78628 | |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, William | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78628 | |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/28 Rpt: 11/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fero, Mary <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) None |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78715 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frede, Martha <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frede, Martha <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/28 Rpt: 12/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Margaret Ann <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739 | 7 Amount of Contribution (\$) \$125.00 |
| 8 Principal occupation / Job title (See Instructions) Psychologist | | 9 Employer (See Instructions) Self |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Evan <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/28 Rpt: 13/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Warren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Executive | | 9 Employer (See Instructions) T.C.D.R.S. |
| Date 07/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausmann, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78702 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/28 Rpt: 14/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henriksen, Sheri <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Myron <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Frederick <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Commissioner | | Employer (See Instructions) Travis County |
| Date 10/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90019 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Lake Travis ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/28 Rpt: 15/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 11/24/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Marisa <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90019 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Teacher | | 9 Employer (See Instructions) Lake Travis ISD |
| Date 08/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Jolene <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Clinical Social Worker | | Employer (See Instructions) Self |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireson, Diane <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Clinical Social Worker | | Employer (See Instructions) Self |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kevin <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Educational Diagnostician | | Employer (See Instructions) Del Valle ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/28 Rpt: 16/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaffe, David <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Computer Engineer | | 9 Employer (See Instructions) VMware |
| Date 12/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates LLP Committee for Good Government <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khataw, Nahid <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Business Development | | Employer (See Instructions) Encotech Engineering |
| Date 09/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilpatrick, Mark and Sharon <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 07/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knisely, Anne-Francoise <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/28 Rpt: 17/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyba, Ferne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78733 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Doggett for Congress <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Annie <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loehman, Jon & Kaaren <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/28 Rpt: 18/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Robert <hr/> Contributor address; City; State; Zip Code Park Ridge, IL 60068 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 07/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luecke, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) University of Texas |
| Date 10/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Nancy <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Nancy <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/28 Rpt: 19/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Thomas | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78757 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) State of Texas |
| Date 09/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary, Patsy | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 12/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire Woods Federal PAC Fund | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Richmond, VA 23219 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHorse, Paul | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759 | | |
| Principal occupation / Job title (See Instructions) CAA | | Employer (See Instructions) Baylor Scott and White Health |
| Date 10/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, JoAnn | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/28 Rpt: 20/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/20/2023 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck Employees PAC | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Washington, DC 20004 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, James | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| Principal occupation / Job title (See Instructions) Analyst | | Employer (See Instructions) Austin Energy |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Peggy | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Martha | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Austin, TX 78759 | | |
| Principal occupation / Job title (See Instructions) Ride Share | | Employer (See Instructions) Self |
| Date 12/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NACDS PAC | Amount of Contribution (\$) \$750.00 |
| Contributor address; City; State; Zip Code Arlington, VA 22209 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/28 Rpt: 21/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/05/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neavel, Nancy | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code austin, TX 78703 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) None |
| Date 10/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeley, Karen | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Independent Bankers Association of Texas |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehring, Maria | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Louise | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Software Developer | | Employer (See Instructions) University of Texas at Austin |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Phyllis | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78716 | | |
| Principal occupation / Job title (See Instructions) Bookseller | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/28 Rpt: 22/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78716 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Bookseller | | 9 Employer (See Instructions) Self |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, Nona <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78756 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowlin, Bettye <hr/> Contributor address; City; State; Zip Code Austin, TX 78730 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/28 Rpt: 23/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 11/01/2023 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00780171) Organon & Co. Employee PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001 | 7 Amount of Contribution (\$) \$750.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 09/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestorius, Eileen <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 11/08/2023 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00016683) Pfizer PAC <hr/> Contributor address; City; State; Zip Code New York, NY 10017 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78711 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/28 Rpt: 24/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William Ross <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Neva <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Realini, Janet <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Founder and PI Big Decisions Study | | Employer (See Instructions) Healthy Futures of Texas |
| Date 09/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeser, Rose <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kathy T <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/28 Rpt: 25/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roark, Dottie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Rhonna <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodnick, Amie <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Homer & Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78748 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 12/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Homer & Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78748 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/28 Rpt: 26/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutishauser, Robert <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanofi US Services Inc. Employees' PAC <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Emy Lou <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanblum, L.R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Community Relations Specialist | | Employer (See Instructions) Austin Regional Clinic |
| Date 08/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Investor | | Employer (See Instructions) Paul Silver Inc. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/28 Rpt: 27/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Investor | | 9 Employer (See Instructions) Paul Silver Inc. |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Betty <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 07/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Betty <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 09/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Betty <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinhardt, Mary & John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Faculty | | Employer (See Instructions) UT Austin |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/28 Rpt: 28/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/19/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suits, Stacy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Constable | | 9 Employer (See Instructions) Travis County |
| Date 10/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulak, Gail <hr/> Contributor address; City; State; Zip Code Austin, TX 78703 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinnea, Carolyn <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taniguchi, Evan <hr/> Contributor address; City; State; Zip Code Austin, TX 78705 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Taniguchi Architects |
| Date 12/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association for Home Care and Hospice PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/28 Rpt: 29/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Cigna Group Employee PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19192 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Katherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Mary Beth <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/28 Rpt: 30/85 |
| 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/04/2023 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20005 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOTE PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasek, Roberta <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Quality Assurance Analyst | | Employer (See Instructions) Progressive |
| Date 12/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Nancy <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | 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 Filers) 00042130 |
| 4 Date 09/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Diana | 7 Amount of Contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78703 | | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) None |
| Date 10/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Lynda | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Austin, TX 78733 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) None |
| Date 10/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yildirim, Yetkin | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Austin, TX 78723 | | |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) Rice University |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/54 Rpt: 33/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 08/23/2023 | 5 Payee name American Printing | |
| 6 Amount (\$) \$16,286.06 | 7 Payee address; City; State; Zip Code 1606 Headway Cir. Austin, TX 78754 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Newsletter Postage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/29/2023 | Payee name Annie's List | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code P.O. Box 303277 Austin, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/08/2023 | Payee name Austin Business Journal | |
| Amount (\$) \$191.88 | Payee address; City; State; Zip Code 504 Lavaca St. #504 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|--|-----------------------------|---------------|
| 1 Total pages Schedule F1: Sch: 4/54 Rpt: 35/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 | | | |
| 4 Date 11/15/2023 | 5 Payee name Canva | | | | |
| 6 Amount (\$) \$12.95 | 7 Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Software | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 10/16/2023 | Payee name Canva | | | | |
| Amount (\$) \$12.95 | Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Software | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 09/15/2023 | Payee name Canva | | | | |
| Amount (\$) \$12.95 | Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Software | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|--|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 5/54 Rpt: 36/85 | 2 | FILER NAME Howard, Donna S. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00042130 |
| 4 | Date 08/16/2023 | 5 | Payee name Canva | | |
| 6 | Amount (\$) \$12.95 | 7 | Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Software | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 07/17/2023 | | Payee name Canva | | |
| | Amount (\$) \$12.95 | | Payee address; City; State; Zip Code 75 E Santa Clara St. San Jose, CA 95113 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Software | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/16/2023 | | Payee name Capital Area Progressive Democrats | | |
| | Amount (\$) \$275.00 | | Payee address; City; State; Zip Code P.O. Box 413 Austin, TX 78767 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 6/54 Rpt: 37/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/08/2023 | 5 Payee name Casa de Luz | |
| 6 Amount (\$) \$78.00 | 7 Payee address; City; State; Zip Code 1701 Toomey Rd. Austin, TX 78704 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol Staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/27/2023 | Payee name Celia Israel Campaign | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 8708 S. Congress Ave. #500 Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2023 | Payee name Chez Zee American Bistro | |
| Amount (\$) \$1,353.61 | Payee address; City; State; Zip Code 5406 Balcones Dr. Austin, TX 78731 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Beverages at Fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

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 10/05/2023 | 5 Payee name Chez Zee American Bistro | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 5406 Balcones Dr. Austin, TX 78731 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Beverages at Fundraiser |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/01/2023 | Payee name Chuy's | |
| Amount (\$) \$138.81 | Payee address; City; State; Zip Code 1728 Barton Springs Rd. Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol Staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/12/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 8/54 Rpt: 39/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 11/13/2023 | 5 Payee name Dallas Morning News | |
| 6 Amount (\$) \$32.51 | 7 Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/12/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/12/2023 | Payee name Dallas Morning News | |
| Amount (\$) \$23.40 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 9/54 Rpt: 40/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 08/14/2023 | 5 Payee name Dallas Morning News | |
| 6 Amount (\$) \$23.40 | 7 Payee address; City; State; Zip Code 1954 Commerce St Dallas, TX 75201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2023 | Payee name Dallas Morning News | |
| Amount (\$) \$23.40 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/15/2023 | Payee name Davis, Henry | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 10/54 Rpt: 41/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/15/2023 | 5 Payee name Davis, Henry | |
| 6 Amount (\$) \$1,700.00 | 7 Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2023 | Payee name Davis, Henry | |
| Amount (\$) \$1,700.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2023 | Payee name Davis, Henry | |
| Amount (\$) \$1,700.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 11/54 Rpt: 42/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2023 | 5 Payee name Davis, Henry | |
| 6 Amount (\$) \$1,700.00 | 7 Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name Davis, Henry | |
| Amount (\$) \$1,700.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/02/2023 | Payee name Davis, Henry | |
| Amount (\$) \$1,700.00 | Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 12/54 Rpt: 43/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 07/10/2023 | 5 Payee name Davis, Henry |
|-----------------------------|-------------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,700.00 | 7 Payee address; City; State; Zip Code 2808 Kinney Oaks Ct Austin, TX 78704 |
|------------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------------|
| Date 10/25/2023 | Payee name Dialogue Institute |
|--------------------|----------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2650 Gattis School Rd Ste. 700 Round Rock, TX 78664 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Friendship and Dialogue Dinner hosted by Dialogue Institute |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 10/03/2023 | Payee name Eventbrite |
|--------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$49.99 | Payee address; City; State; Zip Code 95 Third Street 2nd Floor San Francisco, CA 94103 |
|------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Ticketing & Marketing Platform Subscription |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 13/54 Rpt: 44/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/26/2023 | 5 Payee name Facilitron, Inc. | |
| 6 Amount (\$) \$670.68 | 7 Payee address; City; State; Zip Code 485 Alberto Way Suite 220 Los Gatos, CA 95032 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Planning Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/08/2023 | Payee name Fairmont Austin | |
| Amount (\$) \$32.47 | Payee address; City; State; Zip Code 101 Red River St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet Parking |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/09/2023 | Payee name GNI Consulting, LLC | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 685008 PO Box Austin, TX 78768 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 14/54 Rpt: 45/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/11/2023 | 5 Payee name Gannet Co, Inc. | |
| 6 Amount (\$) \$15.86 | 7 Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/09/2023 | Payee name Gannett Co, Inc | |
| Amount (\$) \$15.86 | Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/11/2023 | Payee name Gannett Co, Inc | |
| Amount (\$) \$15.86 | Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 15/54 Rpt: 46/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 09/11/2023 | 5 Payee name Gannett Co, Inc |
|-----------------------------|--|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$15.86 | 7 Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 |
|-------------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 08/09/2023 | Payee name Gannett Co, Inc |
|--------------------|-------------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$11.63 | Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 |
|----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 07/10/2023 | Payee name Gannett Co, Inc |
|--------------------|-------------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$11.63 | Payee address; City; State; Zip Code 7950 Jones Branch Drive McLean, VA 22107 |
|----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| 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: 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Central Texas Food Bank |
| Complete ONLY if direct expenditure to benefit C/OH | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 17/54 Rpt: 48/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 12/04/2023 | 5 Payee name Hill Country Springs, Inc |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$30.07 | 7 Payee address; City; State; Zip Code 10019 IH 35 Frontage Rd Austin, TX 78747 |
|---------------------------------|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 11/02/2023 | Payee name Hill Country Springs |
|--------------------|------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$43.31 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 |
|------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 10/04/2023 | Payee name Hill Country Springs |
|--------------------|------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$26.32 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 |
|------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: Sch: 18/54 Rpt: 49/85 | | 2 FILER NAME Howard, Donna S. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00042130 | |
| 4 Date 09/05/2023 | | 5 Payee name Hill Country Springs | | | |
| 6 Amount (\$) \$30.07 | | 7 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 08/02/2023 | | Payee name Hill Country Springs | | | |
| Amount (\$) \$43.31 | | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 07/05/2023 | | Payee name Hill Country Springs | | | |
| Amount (\$) \$24.07 | | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd. Austin, TX 78747 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Delivery for Capitol Office | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 19/54 Rpt: 50/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 07/14/2023 | 5 Payee name Hoboken Pizza | |
| 6 Amount (\$) \$82.35 | 7 Payee address; City; State; Zip Code 718 Red River St. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol Staff |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/21/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/12/2023 | Payee name Houston Chronicle | |
| Amount (\$) \$23.96 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 20/54 Rpt: 51/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 11/24/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 11/14/2023 | Payee name Houston Chronicle |
|--------------------|---------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$23.96 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------|
| Date 10/26/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--|--|
| | |
|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 21/54 Rpt: 52/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/17/2023 | 5 Payee name Houston Chronicle | |
| 6 Amount (\$) \$23.96 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/28/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 22/54 Rpt: 53/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 08/31/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 08/22/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 08/03/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 23/54 Rpt: 54/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 07/25/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/06/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/28/2023 | Payee name Jama Pantel Photography | |
| Amount (\$) \$422.18 | Payee address; City; State; Zip Code P.O. Box 204051 Austin, TX 78720 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 25/54 Rpt: 56/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/18/2023 | 5 Payee name Lopez-Resendez, Samantha | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name Lopez-Resendez, Samantha | |
| Amount (\$) \$925.00 | Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/06/2023 | Payee name Lopez-Resendez, Samantha | |
| Amount (\$) \$925.00 | Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 26/54 Rpt: 57/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2023 | 5 Payee name Lopez-Resendez, Samantha | |
| 6 Amount (\$) \$1,025.00 | 7 Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2023 | Payee name Lopez-Resendez, Samantha | |
| Amount (\$) \$925.00 | Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2023 | Payee name Lopez-Resendez, Samantha | |
| Amount (\$) \$925.00 | Payee address; City; State; Zip Code 12833 Withers Way Austin, TX 78727 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 27/54 Rpt: 58/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 11/06/2023 | 5 Payee name Lyft, Inc | |
| 6 Amount (\$) \$51.53 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/06/2023 | Payee name Lyft, Inc | |
| Amount (\$) \$94.84 | Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name Lyft, Inc | |
| Amount (\$) \$44.12 | Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 28/54 Rpt: 59/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/06/2023 | 5 Payee name Lyft, Inc | |
| 6 Amount (\$) \$19.96 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/05/2023 | Payee name Lyft, Inc | |
| Amount (\$) \$19.96 | Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2023 | Payee name Lyft, Inc | |
| Amount (\$) \$29.99 | Payee address; City; State; Zip Code 185 Berry St #5000 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 29/54 Rpt: 60/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 08/28/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation for Officeholder |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/15/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol Staff |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 30/54 Rpt: 61/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 07/31/2023 | 5 Payee name Perkins, Megan | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 1712 Woodward St., Apt. 111 Austin, TX 78741 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/05/2023 | Payee name Perkins, Megan | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1712 Woodward St., Apt. 111 Austin, TX 78741 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/18/2023 | Payee name Quorum Report | |
| Amount (\$) \$389.70 | Payee address; City; State; Zip Code P.O. Box 8 Austin, TX 78767 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 31/54 Rpt: 62/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/11/2023 | 5 Payee name Sams Club | |
| 6 Amount (\$) \$15.96 | 7 Payee address; City; State; Zip Code 4265 Diplomacy Dr. Columbus, OH 43228 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Capitol Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/29/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/01/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 32/54 Rpt: 63/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 11/03/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 10/06/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 09/08/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 33/54 Rpt: 64/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 08/11/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 07/14/2023 | Payee name San Antonio Express News |
|--------------------|--|

| | |
|-----------------------|--|
| Amount (\$) \$9.96 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 12/18/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 34/54 Rpt: 65/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/18/2023 | 5 Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/17/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 35/54 Rpt: 66/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/25/2023 | 5 Payee name Schieve, Eugenie | |
| 6 Amount (\$) \$250.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/16/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/13/2023 | Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 36/54 Rpt: 67/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 07/13/2023 | 5 Payee name Schieve, Eugenie | |
| 6 Amount (\$) \$250.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2023 | Payee name Slack Technologies, LLC | |
| Amount (\$) \$55.97 | Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name Slack Technologies, LLC | |
| Amount (\$) \$61.69 | Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 37/54 Rpt: 68/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/03/2023 | 5 Payee name Slack Technologies, LLC | |
| 6 Amount (\$) \$46.64 | 7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name Slack Technologies, LLC | |
| Amount (\$) \$41.82 | Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/03/2023 | Payee name Slack Technologies, LLC | |
| Amount (\$) \$55.97 | Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 38/54 Rpt: 69/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 07/03/2023 | 5 Payee name Slack Technologies, LLC | |
| 6 Amount (\$) \$55.97 | 7 Payee address; City; State; Zip Code Salesforce Tower, 415 Mission St San Francisco, CA 94105 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Group Messaging Software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/11/2023 | Payee name Southwest Airlines | |
| Amount (\$) \$563.88 | Payee address; City; State; Zip Code P.O. Box 36611 Dallas, TX 75235 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight for Women's Caucus |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/05/2023 | Payee name Target | |
| Amount (\$) \$84.47 | Payee address; City; State; Zip Code 2025 Guadalupe St Suite 01-100 Austin, TX 78705 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Gift for Foster Student |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 08/17/2023 | 5 Payee name Texas Democratic Party |
|-----------------------------|---|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,300.00 | 7 Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761 |
|------------------------------------|---|

| | | |
|---------------------------------|--|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 10/04/2023 | Payee name Texas Freedom Network |
|--------------------|-------------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code P.O. Box 1624 Austin, TX 78767 |
|---------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 09/29/2023 | Payee name Texas Gun Sense |
|--------------------|-------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code P.O. Box 92722 Austin, TX 78709 |
|-------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 09/27/2023 | 5 Payee name Texas House Democratic Campaign Committee |
|-----------------------------|--|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code 1106 Lavaca St # 202 Austin, TX 78701 |
|------------------------------------|--|

| | | |
|---------------------------------|---|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign Donation |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 07/21/2023 | Payee name Texas House of Representatives |
|--------------------|--|

| | |
|-------------------------|---|
| Amount (\$) \$177.10 | Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768 |
|-------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------|
| Date 12/13/2023 | Payee name Texas Monthly |
|--------------------|-----------------------------|

| | |
|------------------------|---|
| Amount (\$) \$15.00 | Payee address; City; State; Zip Code P.O. Box 1569 Austin, TX 78767 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 41/54 Rpt: 72/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 09/29/2023 | 5 Payee name Texas Observer | |
| 6 Amount (\$) \$1,029.00 | 7 Payee address; City; State; Zip Code P.O. Box 6421 Austin, TX 78762 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 09/20/2023 | Payee name Texas Tribune | |
| Amount (\$) \$209.00 | Payee address; City; State; Zip Code 919 Congress Ave. 6th Floor Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 12/26/2023 | Payee name The New York Times Company | |
| Amount (\$) \$21.28 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 42/54 Rpt: 73/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 12/04/2023 | 5 Payee name The New York Times Company |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$18.09 | 7 Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 11/28/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 11/06/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 43/54 Rpt: 74/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 10/31/2023 | 5 Payee name The New York Times Company |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$18.09 | 7 Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 10/10/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 10/03/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 44/54 Rpt: 75/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 09/05/2023 | 5 Payee name The New York Times Company |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$18.09 | 7 Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 09/01/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 08/08/2023 | Payee name The New York Times Company |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$18.09 | Payee address; City; State; Zip Code 620 Eighth Avenue New York, NY 10018 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 46/54 Rpt: 77/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 11/06/2023 | 5 Payee name The Rocket Science Group, LLC |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$50.10 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 10/06/2023 | Payee name The Rocket Science Group, LLC |
|--------------------|---|

| | |
|------------------------|---|
| Amount (\$) \$50.10 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 09/06/2023 | Payee name The Rocket Science Group, LLC |
|--------------------|---|

| | |
|------------------------|---|
| Amount (\$) \$50.10 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 47/54 Rpt: 78/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 08/07/2023 | 5 Payee name The Rocket Science Group, LLC |
|-----------------------------|--|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$50.10 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 |
|---------------------------------|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 07/06/2023 | Payee name The Rocket Science Group, LLC |
|--------------------|---|

| | |
|------------------------|---|
| Amount (\$) \$50.10 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email Vendor Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------|
| Date 11/27/2023 | Payee name The Texan |
|--------------------|-------------------------|

| | |
|------------------------|---|
| Amount (\$) \$90.00 | Payee address; City; State; Zip Code 1011 San Jacinto Blvd. Suite 315 Austin, TX 78701 |
|------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 11/21/2023 | 5 Payee name Travis County Democratic Party |
|-----------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$750.00 | 7 Payee address; City; State; Zip Code 1311-B W 6th St Austin, TX 78702 |
|----------------------------------|--|

| | | |
|---------------------------------|---|---|
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign Donation |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 08/10/2023 | Payee name Travis County Democratic Party |
|--------------------|--|

| | |
|---------------------------|--|
| Amount (\$) \$4,635.00 | Payee address; City; State; Zip Code 1311 E. 6th St. B Austin, TX 78702 |
|---------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------------|
| Date 10/30/2023 | Payee name University Democrats |
|--------------------|------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 2819 Rio Grande St. #610 Austin, TX 78705 |
|-------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 49/54 Rpt: 80/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--------------------------------|
| 4 Date 09/11/2023 | 5 Payee name Walmart |
|-----------------------------|--------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$21.15 | 7 Payee address; City; State; Zip Code 12900 No. I-35 Svc Rd. Sb Austin, TX 78753 |
|---------------------------------|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Capitol Office |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 11/03/2023 | Payee name Washington Post |
|--------------------|-------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$127.92 | Payee address; City; State; Zip Code 1301 K St NW Washington, DC 20071 |
|-------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 12/18/2023 | Payee name West Austin Democrats |
|--------------------|-------------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code P.O. Box 50064 Austin, TX 78763 |
|------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 50/54 Rpt: 81/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/22/2023 | 5 Payee name Ylana Gonzalez, Kristen | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2023 | Payee name Ylana Gonzalez, Kristen | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2023 | Payee name Ylana Gonzalez, Kristen | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 51/54 Rpt: 82/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 10/02/2023 | 5 Payee name Ylana Gonzalez, Kristen | |
| 6 Amount (\$) \$75.00 | 7 Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2023 | Payee name Ylana Gonzalez, Kristen | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/31/2023 | Payee name Ylana Gonzalez, Kristen | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 52/54 Rpt: 83/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|--|
| 4 Date 08/01/2023 | 5 Payee name Ylana Gonzalez, Kristen |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 |
|----------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date 07/03/2023 | Payee name Ylana Gonzalez, Kristen |
|--------------------|---------------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8004 Swindon Lane Austin, TX 78745 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Pay |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------|
| Date 09/11/2023 | Payee name Ziki |
|--------------------|--------------------|

| | |
|------------------------|---|
| Amount (\$) \$98.85 | Payee address; City; State; Zip Code 2118 S Congress Ave Austin, TX 78704 |
|------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Capitol |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
| 4 Date 12/04/2023 | 5 Payee name Zoom Video Communications, Inc | |
| 6 Amount (\$) \$17.05 | 7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/06/2023 | Payee name Zoom Video Communications, Inc | |
| Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2023 | Payee name Zoom Video Communications, Inc | |
| Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 54/54 Rpt: 85/85 | 2 FILER NAME Howard, Donna S. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00042130 |
|--|---|--|

| | |
|-----------------------------|---|
| 4 Date 09/05/2023 | 5 Payee name Zoom Video Communications, Inc |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$17.05 | 7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 |
|---------------------------------|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 08/04/2023 | Payee name Zoom Video Communications, Inc |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 |
|------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 07/05/2023 | Payee name Zoom Video Communications, Inc |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$17.05 | Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 |
|------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Conferencing Subscription |
|-------------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|