

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062108	<b>2</b> Total pages filed: 94	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Armando L.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/12/2024
	NICKNAME	LAST Walle	SUFFIX Jr.	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4826 Hollybrook Ln.  Houston, TX 77039		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Rose M.	MI	
	NICKNAME	LAST Avalos	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2907 Travick Lane  Houston, TX 77073		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 814-7941	EXTENSION	
<b>8</b> 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)			
<b>9</b> PERIOD COVERED	Month    Day    Year 07/01/2023	THROUGH	Month    Day    Year 12/31/2023	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 140		<b>12</b> OFFICE SOUGHT (if known) State Representative District 140	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Walle Jr., Armando L. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062108
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	98,207.55
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	2,151.05
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	63,253.94
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	162,819.28
<b>OUTSTANDING LOAN TOTALS</b>	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 Armando L. Walle Jr.  
 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**

<b>18 FILER NAME</b> Walle Jr., Armando L. (The Honorable)		<b>19 Filer ID</b> 00062108	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	97,060.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,147.55
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	\$	63,253.94
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/36 Rpt: 4/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abbott, Andrea <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Amegy Bank		<b>9</b> Employer (See Instructions) Banking
Date 12/07/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00536573</u> ) Abbvie PAC <hr/> Contributor address; City; State; Zip Code  North Chicago, IL 60064	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ancira Strategic Partners <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ancira Strategic Partners <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/36 Rpt: 5/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avalos, Rose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77073	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Trustee		<b>9</b> Employer (See Instructions) Aldine ISD
Date 08/24/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00235739</u> ) BNSF Railway Company PAC <hr/> Contributor address; City; State; Zip Code  Reston, VA 20191	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas 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 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas 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 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berlanga Business Consultants <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/36 Rpt: 6/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernstein, Alan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Communications administrator		<b>9</b> Employer (See Instructions) Hawes Hill & Assoc
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackridge <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackridge <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 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brentwood Public Affairs <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 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briones, Lesley <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/36 Rpt: 7/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burdette, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77065	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Bonding Against Adversity
<b>Date</b> 08/31/2023	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u> ) COMPAC <hr/> <b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19103	<b>Amount of Contribution (\$)</b>  \$1,500.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 
<b>Date</b> 10/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Jill <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77023	<b>Amount of Contribution (\$)</b>  \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Bakerripley		<b>Employer (See Instructions)</b> Attorney
<b>Date</b> 09/18/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capo, Zeph <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78722	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Education		<b>Employer (See Instructions)</b> Texas AFT
<b>Date</b> 11/28/2023	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00424879</u> ) Caresource Mission PAC <hr/> <b>Contributor address; City; State; Zip Code</b>  Columbus, OH 43215	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> 		<b>Employer (See Instructions)</b> 

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/36 Rpt: 8/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrigan, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Carrigan Law Group PC
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrizales, Antonio <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) UPS
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Randall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles Butt Public Education PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/36 Rpt: 9/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coffey, Stephen	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20011		
<b>8</b> Principal occupation / Job title (See Instructions) US House of Representatives		<b>9</b> Employer (See Instructions) Deputy Chief of Staff
Date 09/13/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00793711</u> ) Constellation Energy PAC	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Washington, DC 20001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras, Tony	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Alameda, CA 94502		
Principal occupation / Job title (See Instructions) San Lorenzo Unified School District		Employer (See Instructions) Teacher
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cross Oak Group	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danielle Delgadillo Consulting	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/36 Rpt: 10/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Algenita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77021	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De La Rosa, Brenda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWalt, Monetta <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Aldine ISD
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Descant, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Communities In Schools of Houston
Date 09/18/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792 ) Eli Lilly and Company <hr/> Contributor address; City; State; Zip Code  Indianapolis, IN 46285	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/36 Rpt: 11/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizondo, Eduardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Development Manager		<b>9</b> Employer (See Instructions) Space City Credit Union
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foley & Lardner LLP <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Deborah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Deborah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/36 Rpt: 12/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frausto, Cassie <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Caney, TX 77357	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Eduardo <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Painter		Employer (See Instructions) Self
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Gildardo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Javier <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Risk management		Employer (See Instructions) NCUA
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Abel <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Aldine isd

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/36 Rpt: 13/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79407	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) GibsonFirm
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ginder, William <hr/> Contributor address; City; State; Zip Code  Spring, TX 77388	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Caldwell Cos
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Adrian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Aggreko
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Adrian <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Aggreko
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Diana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chamberlain Hrdlicka

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/36 Rpt: 14/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Veronica <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) University of Texas Rio Grande Valley
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez Fusilier, Paola <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Pasadena Counseling Center
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Helen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Juan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Juan L. Guerra Jr. & Associates PLLC
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gulf States Toyota Inc. State PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/36 Rpt: 15/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gustin, Charlie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Abel <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77515	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Abel <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77515	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Leonard <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Sand Revolution
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HATTERY, KEVIN <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Non profit executive		Employer (See Instructions) BOYS & GIRLS CLUBS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/36 Rpt: 16/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HCA Texas Good Government Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HS Law PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Shari <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCloskey Roberson Woolley
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawes, David <hr/> Contributor address; City; State; Zip Code  Mineral Wells, TX 76068	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consulting Firm		Employer (See Instructions) Hawes Hill & Associates LLP
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayes, Shawna <hr/> Contributor address; City; State; Zip Code  Houston, TX 77073	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Community Engagement Manager		Employer (See Instructions) UFE



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/36 Rpt: 17/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77381	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, John P. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77003	Amount of Contribution (\$)  \$255.00
Principal occupation / Job title (See Instructions) Amegy Bank		Employer (See Instructions) Banker
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Yvonne <hr/> Contributor address; City; State; Zip Code  Houston, TX 77076	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HillCo PAC <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 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillier, Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Harris Health System

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/36 Rpt: 18/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Police Retired Officers Association <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77219	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoya, Judy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77037	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudspeth, Ann <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) IBAT PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342 ) IBEW PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/36 Rpt: 19/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) J. Ancira Strategies	<b>7</b> Amount of Contribution (\$) \$350.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson Walker LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Judith	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77075		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Texas Occupational Therapy Association
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juarez, Veronica	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77006		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirk, Michael	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Houston, TX 77037		
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Aldine ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/36 Rpt: 20/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klotman, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Baylor College of Medicine
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knaack, Gina <hr/> Contributor address; City; State; Zip Code  Colorado Springs, CO 80925	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knox-Goode, Kelly <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) MD Anderson
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laborde, Tatiana <hr/> Contributor address; City; State; Zip Code  Washington, DC 20017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Office of Migrant Services DC		Employer (See Instructions) Program
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lara, Alma <hr/> Contributor address; City; State; Zip Code  Houston, TX 77022	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/36 Rpt: 21/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Offices of Craig Eiland <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledesma, Cynthia Michelle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson <hr/> Contributor address; City; State; Zip Code  Austin, TX 78760	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke Lord LLP <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke, Nancy <hr/> Contributor address; City; State; Zip Code  Camano Island, WA 98282	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/36 Rpt: 22/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez-Guerra, Ricardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 10/31/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loredo, Eva <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77012	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/30/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Roy <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77008	<b>Amount of Contribution (\$)</b>  \$785.00
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Self
<b>Date</b> 12/12/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Edward <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78727	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Senior Advisor		<b>Employer (See Instructions)</b> Legislative Study Group
<b>Date</b> 11/12/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, David <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77060	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> ATSER

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/36 Rpt: 23/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maselli, Jani <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Assistant Public Defender		<b>9</b> Employer (See Instructions) Harris County
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAlister Shields, Leah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) University of Houston
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire Revocable Trust <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u> ) McGuireWoods <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Glorimar <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harris Health

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/36 Rpt: 24/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medrano, Jose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77503	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Medrano Insurance Agency
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mindiola, Cindy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mindiola, Tatcho <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montes, Quirino <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 22/36 Rpt: 25/94
2 FILER NAME Walle Jr., Armando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4 Date 09/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Arturo	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77060	
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Houston Metro
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murillo, Mia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77023	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) DNC
Date 09/29/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Princeton, NJ 08540	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Guadalupe	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77096	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noriega, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78201	
Principal occupation / Job title (See Instructions) AVANCE		Employer (See Instructions) Executive

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/36 Rpt: 26/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oncor Texas State PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75202	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ordaz, Melinda <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00780171 ) Organon & Co Employee PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Ada <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Corporate Communications Manager		Employer (See Instructions) Community First Health Plans
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padley, Drew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Smyser Kaplan & Veselka LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/36 Rpt: 27/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patronella, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00039321 ) PepsiCo <hr/> Contributor address; City; State; Zip Code  Purchase, NY 10577	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	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 10001	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#: _____ ) Pope, Clayton <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Consultant		Self
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porras, Alfred <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Paralegal		Houston Community Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/36 Rpt: 28/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porras, Alfred <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77093	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Houston Community Services		<b>9</b> Employer (See Instructions) Paralegal
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porras, Alfred <hr/> Contributor address; City; State; Zip Code  Houston, TX 77093	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Houston Community Services
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puente, Jaime <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Every Texan
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) R Perez, Daniel <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) UHD		Employer (See Instructions) Professor
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramon jr, Cipriano <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 26/36 Rpt: 29/94
2 FILER NAME Walle Jr., Armando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4 Date 09/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Jeanette	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77020	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Fast TOA
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Jeanette	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Houston, TX 77020	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Fast Tow
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Jeanette	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77020	
Principal occupation / Job title (See Instructions) Milam St Auto		Employer (See Instructions) President
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Veronica	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Express Pool Plastering
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77018	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Padilla & Rodriguez

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/36 Rpt: 30/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogero, Colin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20002	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Revolution Media
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Luis <hr/> Contributor address; City; State; Zip Code  Baytown, TX 77520	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) The law offices of Luis Ruiz		Employer (See Instructions) Attorney
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Graciela <hr/> Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sampson Public Affairs <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Mariana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Bonding Against Adversity		Employer (See Instructions) COO

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/36 Rpt: 31/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Josh	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santos, Elizabeth	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Houston, TX 77022		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hisd
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santos, Elizabeth	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Houston, TX 77022		
Principal occupation / Job title (See Instructions) Hisd		Employer (See Instructions) Teacher
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheffield, Kathyanne	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77055		
Principal occupation / Job title (See Instructions) Alief ISD		Employer (See Instructions) Teacher
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simpson, Greg	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Kingwood, TX 77345		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) North Houston District

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/36 Rpt: 32/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slate, Dennis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Slate and Associates
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Alton <hr/> Contributor address; City; State; Zip Code  Houston, TX 77088	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Jacob <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Longleaf Consulting
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77091	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Linda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77091	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/36 Rpt: 33/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Mollie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snow, Mollie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Sorola Consulting Services Inc.
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorola-Pohlman, Lenora <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Sorola Insurance services
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparks, Andrea <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) Buckner International

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/36 Rpt: 34/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sparks, Andrea	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions) Gov Relations		<b>9</b> Employer (See Instructions) Buckner Intl
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Pat	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Houston, TX 77056		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Syptak, Jeff	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77086		
Principal occupation / Job title (See Instructions) City of Houston		Employer (See Instructions) Staffer/Admin Assistant
Date 10/03/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00589663</u> ) Sysco	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00589663</u> ) Sysco	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/36 Rpt: 35/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TREPAC/Texas Association of Realtors <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas A&M PAC <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 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Association <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 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Food and Fuel Association <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 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association <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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/36 Rpt: 36/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turrieta, Gilbert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 08/24/2023	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470 ) Union Pacific <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20005	<b>Amount of Contribution (\$)</b>  \$1,500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 07/27/2023	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431 ) United Health Group <hr/> <b>Contributor address; City; State; Zip Code</b>  Washington, DC 20004	<b>Amount of Contribution (\$)</b>  \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 07/20/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valdez, Jerry <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78711	<b>Amount of Contribution (\$)</b>  \$750.00
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/19/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valenzuela, Angela <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78704	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> PROFESSOR		<b>Employer (See Instructions)</b> UT-AUSTI N

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 34/36 Rpt: 37/94
2 FILER NAME Walle Jr., Armando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valero Torres, Marisol	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77042	
8 Principal occupation / Job title (See Instructions) BakerRipley		9 Employer (See Instructions) Manager
Date 10/24/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00226548</u> ) Vistra Energy	Amount of Contribution (\$)  \$2,000.00
	Contributor address; City; State; Zip Code  Irving, TX 75039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00093054</u> ) WALPAC	Amount of Contribution (\$)  \$2,000.00
	Contributor address; City; State; Zip Code  Bentonville, AR 72716	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Nathaniel J	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self
Date 11/07/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00119008</u> ) Waste Management Employees Better Government Fund	Amount of Contribution (\$)  \$1,500.00
	Contributor address; City; State; Zip Code  Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/36 Rpt: 38/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiley, Joyce	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code  Houston, TX 77018		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willars, Hector	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77008		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Hector A. Willars CPA PLLC
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willars, Hector	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Clackamas, OR 97015		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/36 Rpt: 39/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Mark	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756		
<b>8</b> Principal occupation / Job title (See Instructions) Lobbyist		<b>9</b> Employer (See Instructions) Williams Public Affairs
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zermeno, Roy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) osullivan, kevin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Channahon, IL 60410		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kevin OSullivan

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 40/94	
2 FILER NAME Walle Jr., Armando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/12/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description Email distribution for fundraiser
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingersoll, Deborah	Amount of contribution (\$) \$350.00	In-kind contribution description Email distribution for fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78763	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Legislative Solutions		Employer (FOR NON-JUDICIAL) (See instructions) Owner	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MoakCasey	Amount of contribution (\$) \$231.05	In-kind contribution description Food, drinks and space rental for fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 41/94	
2 FILER NAME Walle Jr., Armando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/27/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MoakCasey	8 Amount of contribution (\$) \$216.50	9 In-kind contribution description Food, drinks and space rental for fundraiser
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/49 Rpt: 42/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/23/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$29.63	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2023	Payee name ActBlue	
Amount (\$) \$309.82	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2023	Payee name ActBlue	
Amount (\$) \$16.62	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 2/49 Rpt: 43/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/08/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$15.81	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2023	Payee name ActBlue	
Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2023	Payee name ActBlue	
Amount (\$) \$145.43	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 3/49 Rpt: 44/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/05/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$54.15	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/12/2023	Payee name ActBlue	
Amount (\$) \$49.38	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/26/2023	Payee name ActBlue	
Amount (\$) \$1.59	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
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.

<b>1</b>	Total pages Schedule F1: Sch: 4/49 Rpt: 45/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b>	Date 12/03/2023	<b>5</b> Payee name ActBlue	
<b>6</b>	Amount (\$) \$122.31	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 12/10/2023	Payee name ActBlue	
	Amount (\$) \$7.90	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
	Date 12/17/2023	Payee name ActBlue	
	Amount (\$) \$0.20	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
	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.

<b>1</b> Total pages Schedule F1: Sch: 5/49 Rpt: 46/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/24/2023	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$0.40	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Amazon	
Amount (\$) \$15.86	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name Amazon	
Amount (\$) \$31.70	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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.

<b>1</b> Total pages Schedule F1: Sch: 6/49 Rpt: 47/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/14/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$58.43	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Amazon	
Amount (\$) \$68.36	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name Amazon	
Amount (\$) \$103.80	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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.

<b>1</b> Total pages Schedule F1: Sch: 7/49 Rpt: 48/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/15/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$108.24	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2023	Payee name Amazon	
Amount (\$) \$156.42	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2023	Payee name Amazon	
Amount (\$) \$160.21	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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.

<b>1</b> Total pages Schedule F1: Sch: 8/49 Rpt: 49/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/04/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$194.82	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name City of Austin	
Amount (\$) \$57.85	Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name City of Austin	
Amount (\$) \$65.42	Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
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.

<b>1</b> Total pages Schedule F1: Sch: 9/49 Rpt: 50/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/07/2023	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$69.13	<b>7</b> Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/07/2023	Payee name City of Austin	
Amount (\$) \$71.09	Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/10/2023	Payee name City of Austin	
Amount (\$) \$72.24	Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
	<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 10/49 Rpt: 51/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
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<b>4</b> Date 09/05/2023	<b>5</b> Payee name City of Austin
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<b>6</b> Amount (\$)  \$73.76	<b>7</b> Payee address; City; State; Zip Code 4815 Mueller Blvd.  Austin, TX 78723
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Utilities	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2023	Payee name Cubesmart
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Amount (\$)  \$231.00	Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/01/2023	Payee name Cubesmart
--------------------	-------------------------

Amount (\$)  \$231.00	Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 11/49 Rpt: 52/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/01/2023	<b>5</b> Payee name Cubesmart	
<b>6</b> Amount (\$) \$231.00	<b>7</b> Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/01/2023	Payee name Cubesmart	
Amount (\$) \$231.00	Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/01/2023	Payee name Cubesmart	
Amount (\$) \$231.00	Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
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.

<b>1</b> Total pages Schedule F1: Sch: 12/49 Rpt: 53/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/01/2023	<b>5</b> Payee name Cubesmart	
<b>6</b> Amount (\$) \$231.00	<b>7</b> Payee address; City; State; Zip Code 5 Old Lancaster Rd.  Malvern, PA 19355	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Storage	<b>(b)</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 Office Storage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Curatola, Jacqueline	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Curatola, Jacqueline	
Amount (\$) \$1,135.42	Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
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                        | 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.

<b>1</b> Total pages Schedule F1: Sch: 13/49 Rpt: 54/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/01/2023	<b>5</b> Payee name Curatola, Jacqueline	
<b>6</b> Amount (\$) \$1,350.67	<b>7</b> Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/01/2023	Payee name Curatola, Jacqueline	
Amount (\$) \$1,350.67	Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/01/2023	Payee name Curatola, Jacqueline	
Amount (\$) \$1,350.67	Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
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 Salary
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.

<b>1</b> Total pages Schedule F1: Sch: 14/49 Rpt: 55/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/01/2023	<b>5</b> Payee name Curatola, Jacqueline	
<b>6</b> Amount (\$) \$1,350.67	<b>7</b> Payee address; City; State; Zip Code 2018 W. Rundberg Lane 10D Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2023	Payee name Dallas Morning News	
Amount (\$) \$18.72	Payee address; City; State; Zip Code 1954 Commerce St.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News 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 Dallas Morning News	
Amount (\$) \$32.51	Payee address; City; State; Zip Code 1954 Commerce St.  Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News 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.

<b>1</b> Total pages Schedule F1: Sch: 15/49 Rpt: 56/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/08/2023	<b>5</b> Payee name Dallas Morning News	
<b>6</b> Amount (\$) \$32.51	<b>7</b> Payee address; City; State; Zip Code 1954 Commerce St.  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2023	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) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	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) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News 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.

<b>1</b> Total pages Schedule F1: Sch: 16/49 Rpt: 57/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/08/2023	<b>5</b> Payee name Dallas Morning News	
<b>6</b> Amount (\$) \$32.51	<b>7</b> Payee address; City; State; Zip Code 1954 Commerce St.  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name DoorDash	
Amount (\$) \$110.95	Payee address; City; State; Zip Code 303 2nd St.  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2023	Payee name DoorDash	
Amount (\$) \$196.81	Payee address; City; State; Zip Code 303 2nd St.  San Francisco, CA 94107	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 Lunch
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.

<b>1</b> Total pages Schedule F1: Sch: 17/49 Rpt: 58/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/03/2023	<b>5</b> Payee name Dropbox	
<b>6</b> Amount (\$) \$212.13	<b>7</b> Payee address; City; State; Zip Code 1800 Owens St.  San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Software	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to File Storage Software
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2023	Payee name Expedia	
Amount (\$) \$346.44	Payee address; City; State; Zip Code 1111 Expedia Group Way W.  Seattle, WA 98119	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel in Austin During Special Session
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Goodman Campaigns	
Amount (\$) \$945.00	Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Consultant 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.

<b>1</b> Total pages Schedule F1: Sch: 18/49 Rpt: 59/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/15/2023	<b>5</b> Payee name Goodman Campaigns	
<b>6</b> Amount (\$) \$1,085.25	<b>7</b> Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Consultant Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name Goodman Campaigns	
Amount (\$) \$1,689.00	Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Fundraising Consultant Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name Greater Pure Light	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 12330 Vickery St.  Houston, TX 77039	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for District Community Health Fair
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.

<b>1</b> Total pages Schedule F1: Sch: 19/49 Rpt: 60/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
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<b>4</b> Date 10/24/2023	<b>5</b> Payee name Hampton Inn
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<b>6</b> Amount (\$) \$37.89	<b>7</b> Payee address; City; State; Zip Code 7930 Jones Branch Dr. 1100 McLean, VA 22102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel in Austin During Special Session
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2023	Payee name Hampton Inn
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Amount (\$) \$209.30	Payee address; City; State; Zip Code 7930 Jones Branch Dr. 1100 McLean, VA 22102
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel in Austin During Special Session
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2023	Payee name Hampton Inn
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Amount (\$) \$270.72	Payee address; City; State; Zip Code 7930 Jones Branch Dr. 1100 McLean, VA 22102
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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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel in Austin During Special Session
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 20/49 Rpt: 61/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/07/2023	<b>5</b> Payee name Hampton Inn	
<b>6</b> Amount (\$) \$349.83	<b>7</b> Payee address; City; State; Zip Code 7930 Jones Branch Dr. 1100 McLean, VA 22102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel in Austin During Special Session
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2023	Payee name Harris County Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4619 Lyons Ave.  Houston, TX 77020	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Denver Harbor Cares GOTV Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name Hispanic Officer of the Year Committee	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1200 Travis St. Ste. 1800 Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Houston Police Department Hispanic Officer of the Year Event
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.

<b>1</b> Total pages Schedule F1: Sch: 21/49 Rpt: 62/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
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<b>4</b> Date 12/12/2023	<b>5</b> Payee name Hotel Lombardy
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<b>6</b> Amount (\$) \$208.71	<b>7</b> Payee address; City; State; Zip Code 2019 Pennsylvania Ave.  Washington, DC 20006
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel While in D.C. on Legislative Business
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2023	Payee name Houston Gulf Coast Building and Construction Trades Council
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1301 W. 13th St. Suite D Deer Park, TX 77536
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Local Labor Organization
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2023	Payee name Houston Zoo
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Amount (\$) \$679.00	Payee address; City; State; Zip Code 6200 Hermann Park Dr.  Houston, TX 77030
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston Zoo Lights Tickets for Seniors in District
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 22/49 Rpt: 63/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/15/2023	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$1,281.66	<b>7</b> Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name Internal Revenue Service	
Amount (\$) \$1,281.66	Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name Internal Revenue Service	
Amount (\$) \$1,356.66	Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
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.

<b>1</b> Total pages Schedule F1: Sch: 23/49 Rpt: 64/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108			
<b>4</b> Date 09/15/2023	<b>5</b> Payee name Internal Revenue Service				
<b>6</b> Amount (\$) \$1,356.66	<b>7</b> Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes			
	<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:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; 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 10/14/2023	Payee name Internal Revenue Service				
Amount (\$) \$1,356.66	Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes			
	<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:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; 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 07/15/2023	Payee name Internal Revenue Service				
Amount (\$) \$1,983.99	Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes			
	<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:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; 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.

<b>1</b> Total pages Schedule F1: Sch: 24/49 Rpt: 65/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/24/2023	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$485.87	<b>7</b> Payee address; City; State; Zip Code 1111 Constitution Ave. NW  Washington, DC 20224	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/15/2023	Payee name Judge Victor Trevino Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1406 Godwin St.  Houston, TX 77023	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/15/2023	Payee name Judge Victor Trevino Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1406 Godwin St.  Houston, TX 77023	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Donation
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.

<b>1</b> Total pages Schedule F1: Sch: 25/49 Rpt: 66/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/31/2023	<b>5</b> Payee name Kim Rubio for Mayor	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 2177  Uvalde, TX 78802	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Lenox 7th	
Amount (\$) \$754.86	Payee address; City; State; Zip Code 4910 E. 7th St.  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Rent	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Lenox 7th	
Amount (\$) \$858.82	Payee address; City; State; Zip Code 4910 E. 7th St.  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Rent	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment
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.

<b>1</b> Total pages Schedule F1: Sch: 26/49 Rpt: 67/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/05/2023	<b>5</b> Payee name Lenox 7th	
<b>6</b> Amount (\$) \$2,580.39	<b>7</b> Payee address; City; State; Zip Code 4910 E. 7th St.  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Rent	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name Lenox 7th	
Amount (\$) \$2,589.07	Payee address; City; State; Zip Code 4910 E. 7th St.  Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rent	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2023	Payee name Lenox 7th	
Amount (\$) \$2,645.57	Payee address; City; State; Zip Code 4910 E. 7th St.  Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rent	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment
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.

<b>1</b> Total pages Schedule F1: Sch: 27/49 Rpt: 68/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/25/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$36.24	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Software	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2023	Payee name Mailchimp	
Amount (\$) \$36.24	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name Mailchimp	
Amount (\$) \$50.10	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software 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.

<b>1</b> Total pages Schedule F1: Sch: 28/49 Rpt: 69/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/25/2023	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$92.74	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Software	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2023	Payee name Mailchimp	
Amount (\$) \$92.74	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/25/2023	Payee name Mailchimp	
Amount (\$) \$106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Distribution Software 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.

<b>1</b> Total pages Schedule F1: Sch: 29/49 Rpt: 70/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/08/2023	<b>5</b> Payee name Marriott	
<b>6</b> Amount (\$) \$1,116.83	<b>7</b> Payee address; City; State; Zip Code 7750 Wisconsin Ave.  Bethesda, MD 20814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for MALC Golf Tournament
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name Navidad en El Barrio	
Amount (\$) \$510.65	Payee address; City; State; Zip Code 8223 Bo Jack Dr.  Houston, TX 77040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 District Nonprofit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Precinct2Gether	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 57506  Webster, TX 77598	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Tour de Northside Event in District
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.

<b>1</b> Total pages Schedule F1: Sch: 30/49 Rpt: 71/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/15/2023	<b>5</b> Payee name QuickBooks Payments	
<b>6</b> Amount (\$) \$90.61	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/15/2023	Payee name QuickBooks Payments	
Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/15/2023	Payee name QuickBooks Payments	
Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software 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.

<b>1</b> Total pages Schedule F1: Sch: 31/49 Rpt: 72/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/15/2023	<b>5</b> Payee name QuickBooks Payments	
<b>6</b> Amount (\$) \$92.74	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name QuickBooks Payments	
Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name QuickBooks Payments	
Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software 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.

<b>1</b> Total pages Schedule F1: Sch: 32/49 Rpt: 73/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/24/2023	<b>5</b> Payee name QuickBooks Payments	
<b>6</b> Amount (\$) \$94.65	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave.  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software Subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Richard Cantu Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 91334  Houston, TX 77291	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Richard Cantu Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 91334  Houston, TX 77291	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Donation
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.

<b>1</b> Total pages Schedule F1: Sch: 33/49 Rpt: 74/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/20/2023	<b>5</b> Payee name Ruelas, Samantha	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 460 Bastrop Hwy S. 220 Austin, TX 78741	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Saldivar, Myriam	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4819 Breckenridge Dr.  Houston, TX 77066	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2023	Payee name Santucci, Cara	
Amount (\$) \$1,060.42	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
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.

<b>1</b> Total pages Schedule F1: Sch: 34/49 Rpt: 75/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/01/2023	<b>5</b> Payee name Santucci, Cara	
<b>6</b> Amount (\$) \$1,135.42	<b>7</b> Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Santucci, Cara	
Amount (\$) \$1,350.67	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Santucci, Cara	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
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.

<b>1</b> Total pages Schedule F1: Sch: 35/49 Rpt: 76/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 08/01/2023	<b>5</b> Payee name Santucci, Cara	
<b>6</b> Amount (\$) \$1,060.42	<b>7</b> Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Santucci, Cara	
Amount (\$) \$1,135.42	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Santucci, Cara	
Amount (\$) \$1,356.92	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
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.

<b>1</b> Total pages Schedule F1: Sch: 36/49 Rpt: 77/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/29/2023	<b>5</b> Payee name Santucci, Cara	
<b>6</b> Amount (\$) \$1,526.56	<b>7</b> Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</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 Salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name Southwest Airlines	
Amount (\$) \$592.90	Payee address; City; State; Zip Code 2702 Lovefield Dr  Dallas, TX 75235	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative Business
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2023	Payee name Spring Branch Community Health Center	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1905 Jacquelyn Dr.  Houston, TX 77055	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 District FQHC
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.

<b>1</b> Total pages Schedule F1: Sch: 37/49 Rpt: 78/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 09/26/2023	<b>5</b> Payee name Sterling Data Company	
<b>6</b> Amount (\$) \$900.00	<b>7</b> Payee address; City; State; Zip Code 500 Westover Dr 92215 Sanford, NC 27330	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost to Acquire Fundraising Target List
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Switchboard	
Amount (\$) \$54.29	Payee address; City; State; Zip Code P.O. Box 33485  Washington, DC 20033	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Distribution Service for Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Switchboard	
Amount (\$) \$76.33	Payee address; City; State; Zip Code P.O. Box 33485  Washington, DC 20033	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Distribution Service for Fundraising
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.

<b>1</b> Total pages Schedule F1: Sch: 38/49 Rpt: 79/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 11/08/2023	<b>5</b> Payee name Switchboard	
<b>6</b> Amount (\$) \$77.68	<b>7</b> Payee address; City; State; Zip Code P.O. Box 33485  Washington, DC 20033	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Distribution Service for Fundraising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/26/2023	Payee name Texas Democratic Party	
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code P.O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Activation Network Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/26/2023	Payee name Texas Latinx Judges	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 90683  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Nonprofit Organization
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.

<b>1</b> Total pages Schedule F1: Sch: 39/49 Rpt: 80/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/19/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$3.13	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/14/2023	Payee name Uber	
Amount (\$) \$6.31	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/19/2023	Payee name Uber	
Amount (\$) \$11.68	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
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.

<b>1</b> Total pages Schedule F1: Sch: 40/49 Rpt: 81/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/10/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$20.56	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name Uber	
Amount (\$) \$22.27	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Uber	
Amount (\$) \$23.01	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
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.

<b>1</b> Total pages Schedule F1: Sch: 41/49 Rpt: 82/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/20/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$24.43	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Uber	
Amount (\$) \$30.51	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2023	Payee name Uber	
Amount (\$) \$32.27	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
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.

<b>1</b> Total pages Schedule F1: Sch: 42/49 Rpt: 83/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/16/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$37.33	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Uber	
Amount (\$) \$55.20	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in District on Legislative Business
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name Uber	
Amount (\$) \$0.75	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
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.

<b>1</b> Total pages Schedule F1: Sch: 43/49 Rpt: 84/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/21/2023	<b>5</b> Payee name Uber	
<b>6</b> Amount (\$) \$22.54	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2023	Payee name Uber	
Amount (\$) \$26.75	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name Uber	
Amount (\$) \$27.76	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
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.

<b>1</b> Total pages Schedule F1: Sch: 44/49 Rpt: 85/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
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<b>4</b> Date 12/22/2023	<b>5</b> Payee name Uber
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<b>6</b> Amount (\$) \$42.10	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2023	Payee name Uber
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Amount (\$) \$74.47	Payee address; City; State; Zip Code 1455 Market St. #400 San Francisco, CA 94103
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel while in D.C. on Legislative business
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2023	Payee name United Airlines
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Amount (\$) \$27.00	Payee address; City; State; Zip Code 233 S. Wacker Dr.  Chicago, IL 60606
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative business
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: Sch: 45/49 Rpt: 86/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/12/2023	<b>5</b> Payee name United Airlines	
<b>6</b> Amount (\$) \$34.00	<b>7</b> Payee address; City; State; Zip Code 233 S. Wacker Dr.  Chicago, IL 60606	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative business
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name United Airlines	
Amount (\$) \$34.00	Payee address; City; State; Zip Code 233 S. Wacker Dr.  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative business
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2023	Payee name United Airlines	
Amount (\$) \$338.91	Payee address; City; State; Zip Code 233 S. Wacker Dr.  Chicago, IL 60606	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative business
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.

<b>1</b> Total pages Schedule F1: Sch: 46/49 Rpt: 87/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/19/2023	<b>5</b> Payee name United Airlines	
<b>6</b> Amount (\$) \$792.20	<b>7</b> Payee address; City; State; Zip Code 233 S. Wacker Dr.  Chicago, IL 60606	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to D.C. on Legislative business
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2023	Payee name Vargas, Stephanie	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3715 Pine Meadow Lane  Houston, TX 77039	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Cook Off Event Sponsorships
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Zoom	
Amount (\$) \$639.18	Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Software	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to Video Conferencing 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.

<b>1</b> Total pages Schedule F1: Sch: 47/49 Rpt: 88/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 07/01/2023	<b>5</b> Payee name eRenterPlan	
<b>6</b> Amount (\$) \$31.08	<b>7</b> Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name eRenterPlan	
Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name eRenterPlan	
Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
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.

<b>1</b> Total pages Schedule F1: Sch: 48/49 Rpt: 89/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 10/01/2023	<b>5</b> Payee name eRenterPlan	
<b>6</b> Amount (\$) \$31.08	<b>7</b> Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name eRenterPlan	
Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name eRenterPlan	
Amount (\$) \$31.09	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Insurance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
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  | 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/49 Rpt: 90/94	<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Date 12/31/2023	<b>5</b> Payee name eRenterPlan	
<b>6</b> Amount (\$) \$31.09	<b>7</b> Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/4 Rpt: 91/94
<b>2</b> FILER NAME Walle Jr., Armando L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062108
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  12/12/2023  12/12/2023	<b>7</b> Name of person(s) traveling Walle, Armando (Rep.)	
	<b>8</b> Departure city or name of departure location Austin	
	<b>9</b> Destination city or name of destination location Washington D.C.	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) White House Convening on Gun Violence Prevention	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  12/13/2023  12/13/2023	Name of person(s) traveling Walle, Armando (Rep.)	
	Departure city or name of departure location Washington D.C.	
	Destination city or name of destination location Washington D.C.	
Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Convening on Gun Violence Prevention	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  12/21/2023  12/21/2023	Name of person(s) traveling Walle, Armando (Rep.)	
	Departure city or name of departure location Washington D.C.	
	Destination city or name of destination location Washington D.C.	
Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Uber

5 Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

6 Dates of Travel  12/21/2023  12/21/2023	7 Name of person(s) traveling Walle, Armando (Rep.)
	8 Departure city or name of departure location Washington D.C.
	9 Destination city or name of destination location Washington D.C.

10 Means of transportation Commercial Automobile	11 Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Uber

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/21/2023  12/21/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Washington D.C.
	Destination city or name of destination location Washington D.C.

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Uber

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/22/2023  12/22/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Washington D.C.
	Destination city or name of destination location Washington D.C.

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Uber

5 Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

6 Dates of Travel  12/22/2023  12/22/2023	7 Name of person(s) traveling Walle, Armando (Rep.)
	8 Departure city or name of departure location Washington D.C.
	9 Destination city or name of destination location Washington D.C.

10 Means of transportation Commercial Automobile	11 Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/13/2023  12/13/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Washington D.C.
	Destination city or name of destination location Austin

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Convening on Gun Violence Prevention
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/13/2023  12/13/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Washington D.C.
	Destination city or name of destination location Austin

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Convening on Gun Violence Prevention
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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

**4** Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

**5** Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

<b>6</b> Dates of Travel  12/21/2023  12/21/2023	<b>7</b> Name of person(s) traveling Walle, Armando (Rep.)
	<b>8</b> Departure city or name of departure location Austin
	<b>9</b> Destination city or name of destination location Washington D.C.

<b>10</b> Means of transportation Commercial Automobile	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
--	--

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/21/2023  12/21/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Austin
	Destination city or name of destination location Washington D.C.

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
--	--

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

Contribution / Expenditure reported on:  
 Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel  12/22/2023  12/22/2023	Name of person(s) traveling Walle, Armando (Rep.)
	Departure city or name of departure location Austin
	Destination city or name of destination location Washington D.C.

Means of transportation Commercial Automobile	Purpose of travel (including name of conference, seminar, or other event) White House Christmas Party
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