CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

Th	e C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00062108		 Total pages file 92 	
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE U	
	OFFICEHOLDER	The Honorable	Armando L.				SE ONET
	NAME					Date Received	
						ELECTRONICA	LLY FILED
		NICKNAME	LAST		SUFFIX	01/12/2024	
		-	Walle		Jr.		
					011		
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
	OFFICEHOLDER MAILING	4826 Hollybrook Ln.					
	ADDRESS					Receipt #	Amount
	Change of Address	Llouoton TV 77020					
	Change of Address	Houston, TX 77039				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	=	
	TREASURER	Ms.	Rose M.				
	NAME	1110.					
		NICKNAME	LAST		SUFFIX		
			Avalos				
6	CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER	2907 Travick Lane					
	ADDRESS						
	(Residence or Business)						
		Houston, TX 77073					
7	CAMPAIGN	AREA CODE PHO		EXTENSION			
Ľ	TREASURER			EXTENSION			
	PHONE	(281) 814-7941					
8	REPORT		_	_	_	-	
	TYPE	X January 15	30th day before	e election	Runoff	15th day after cam appointment (office	
		July 15	8th day before		Exceeded modified	Final Report (Attac	
			our day before		reporting limit		
9	PERIOD COVERED	Month Day Year			Month Day	Year	
	COVERED	07/01/2023	11	HROUGH	12/31/2023	3	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary	Runoff	Other	
				General	Special		
				Scheral			
\vdash					1		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		State Representative Dis	strict 140		State Representa	ative District 140	
1							
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1							
1	GO TO PAGE 2						
Foi	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Walle Jr., Armando L	. (The Honorable)	14 Filer ID (00062108	Ethics Comr	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
				÷	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	98,207.55
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	2,151.05
	4. TOTAL POLITIC	AL EXPENDITURES		\$	63,253.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	162,819.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honora	ble Armando L. Walle	e Jr.	
		Signature of	f Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
		aid	, this the		_day
of	, 20, to ca	ertify which, witness my hand and seal of office.			
Signature of offi	icer administering	Printed name of officer administering	Title of officer	r administerir	ng oath
Cormo providad by Ta	avas Ethics Commission	www.ethics.state.ty.us		Version V	2 5 1 0bfcfb67

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 94 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Walle Jr., Armando L. (The Honorable) 00062108 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 97,060.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 1,147.55 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 63,253.94 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

				-		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 4/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/27/2023	Abbott, Andrea				\$250.00
		6 Contributor address; City; State; Zip Code				
		The Woodlands, TX 77381				
8			9 Employer (See Instructions)		
	Amegy Bank	:	Banking			
	Date	Full name of contributor X out-of-state PAC (ID#: C) (00536573		Amount of Contribution (\$)	
	12/07/2023	Abbvie PAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		North Chicago, IL 60064				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/12/2023	Allen Boone Humphries Robinson LLP				\$500.00
		Houston, TX 77027				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/17/2023	Ancira Strategic Partners				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2023	Ancira Strategic Partners	/			\$400.00
	 , .	Contributor address; City; State; Zip Code				Ŧ
		Continuou address, City, State, Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 :)		
	1 1110104. 0000			,		
\vdash				_		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/36 Rpt: 5/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/03/2023	Avalos, Rose				\$200.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77073				
8	Principal occu	I	9 Employer (See Instructions)	<u> </u> נ)		
	Trustee		Aldine ISD	<u> </u>		
	Date	Full name of contributor X out-of-state PAC (ID#: C)	Γ	Amount of Contribution (\$)	
	08/24/2023	BNSF Railway Company PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Reston, VA 20191				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	r moipai oooa			9		
=	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/17/2023	Beer Alliance of Texas PAC			•••••••••••••••••••••••••••••••••••••••	\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
=			<u> </u>	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀን ደብብ በበ
	12/06/2023					\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/05/2023	Berlanga Business Consultants				\$500.00
		Contributor address; City; State; Zip Code				
		Comercia Christi TV 70404				
<u> </u>	Duin singly oppy	Corpus Christi, TX 78404	Englisher (Case Instructions	ŕ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/36 Rpt: 6/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2023	Bernstein, Alan				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Communicat	tions administrator	Hawes Hill & Assoc			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/20/2023	Blackridge				\$2,000.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/12/2023	Blackridge)			\$1,000.00
	,, _ 0 _ 0	Contributor address; City; State; Zip Code		•		+_,000.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78701				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2023	Brentwood Public Affairs				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	09/19/2023	Briones, Lesley				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77008				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Commission	er	Harris County			
⊢						

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/36 Rpt: 7/94	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Walle Jr., Ar	rmando L. (The Honorable)			00062108	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
09/18/2023					\$100.00
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77065				
8 Principal occu CEO	upation / Job title (See Instructions)	9 Employer (See Instructions Bonding Against Advers			
Date	Full name of contributor X out-of-state PAC (ID#:	C00248716)	T	Amount of Contribution (\$)	
08/31/2023	СОМРАС				\$1,500.00
	Contributor address; City; State; Zip Code				
	Philadelphia, PA 19103				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10/31/2023	Campbell, Jill				\$10.00
	Contributor address; City; State; Zip Code Houston, TX 77023				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> م		
Bakerripley		Attorney	ς,		
Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
09/18/2023	Capo, Zeph				\$100.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78722				
Principal occu Education	upation / Job title (See Instructions)	Employer (See Instructions Texas AFT	s)		
Date	Full name of contributor X out-of-state PAC (ID#:	C00424879)	T	Amount of Contribution (\$)	
11/28/2023	Caresource Mission PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
	Columbus, OH 43215				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/36 Rpt: 8/94
2 FILER NAME Walle Jr., Ar	rmando L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062108
4 Date 11/30/2023	023 Carrigan, Mark		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027		
8 Principal occu Attorney	upation / Job title (See Instructions)	9 Employer (See Instructions Carrigan Law Group PC	
Date 11/30/2023	Carrizales, Antonio)	Amount of Contribution (\$) \$15.00
Principal occu Supervisor	upation / Job title (See Instructions)	Employer (See Instructions))
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Chan, Andrew Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
	Houston, TX 77005 upation / Job title (See Instructions)	Employer (See Instructions)) ;)
Not Employe Date 12/22/2023	ed Full name of contributor out-of-state PAC (ID#: Chapman, Randall Contributor address; City; State; Zip Code Austin, TX 78704	Not Employed	Amount of Contribution (\$) \$200.00
Principal occu Lawyer	upation / Job title (See Instructions)	Employer (See Instructions) Self	;)
Date 09/26/2023	Full name of contributorout-of-state PAC (ID#: Charles Butt Public Education PAC Contributor address; City; State; Zip Code San Antonio, TX 78209)	Amount of Contribution (\$) \$10,000.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L;)

The Inst	ruction Guide explains how to complete this f	orm.	1	Fotal pages Schedule A1: Sch: 6/36 Rpt: 9/94	
2 FILER NAM	IE		3 ⊢	Filer ID (Ethics Commissio	on Filers)
Walle Jr.,	Armando L. (The Honorable)		0	00062108	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 A	Amount of Contribution (\$)	
10/27/202					\$25.00
	6 Contributor address; City; State; Zip Code]		
	Washington, DC 20011				
	cupation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
US House	of Representatives	Deputy Chief of Staff			
Date	Full name of contributor X out-of-state PAC (ID#:	C00793711)	A	Amount of Contribution (\$)	
09/13/202	3 Constellation Energy PAC]		\$2,500.00
	Contributor address; City; State; Zip Code]		
	Machington DC 20001				
Drincipal or	Washington, DC 20001 cupation / Job title (See Instructions)	Employer (See Instructions)	-)		
Pilicipai oc		Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
10/29/202	3 Contreras, Tony				\$50.00
	Contributor address; City; State; Zip Code		1		
	Alameda, CA 94502				
	cupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Sali Lurei	zo Unified School District	Teacher			
Date	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	
10/02/202	3 Cross Oak Group				\$1,000.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> د)		
1 11101200			3)		
Date	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	
12/12/202	—				\$250.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	5)		

			1 Total pages Cabadula A1.
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/36 Rpt: 10/94
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Walle Jr., Ar	mando L. (The Honorable)		00062108
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/30/2023	Davis, Algenita		\$100.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77021	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Not Employe		Not Employed	
Date)	Amount of Contribution (\$)
09/18/2023	De La Rosa, Brenda		\$35.00
	Contributor address; City; State; Zip Code		
	Houston TV 77070		
Dringing occu	Houston, TX 77079	Employer (See Instructions	~\
Principal occu Self	ipation / Job title (See Instructions)	Employer (See Instructions Self	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	DeWalt, Monetta		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77071		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Attorney		Aldine ISD	<i>,</i>
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
10/07/2023	Descant, Lisa	/	\$100.00
10/01/2022	Contributor address; City; State; Zip Code		+
	CUltimbutor audress, City, State, Lip Code		
	Houston, TX 77040		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
CEO		Communities In Schools	s of Houston
Date	Full name of contributor X out-of-state PAC (ID#: C	 C00082792)	Amount of Contribution (\$)
09/18/2023	Eli Lilly and Company		\$1,000.00
	Contributor address; City; State; Zip Code		1
	Indianapolis, IN 46285		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 11/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/19/2023	Elizondo, Eduardo				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77019				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Business De	velopment Manager	Space City Credit Union	۱		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/30/2023	Esparza, David	/			\$15.00
				ł		
		Houston, TX 77039				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	-,		
⊨				Г	Amount of Contribution (#)	
	Date)		Amount of Contribution (\$)	¢2.000.00
	10/16/2023					\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
<u> </u>	Dringing age		Employer (Cool Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+== = = =
	10/06/2023	Foster, Deborah				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77093		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	20	Not Employed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/30/2023	Foster, Deborah				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/36 Rpt: 12/94
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rmando L. (The Honorable)		00062108
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/18/2023	Frausto, Cassie		\$50.0
	6 Contributor address; City; State; Zip Code		
	New Caney, TX 77357		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	l s)
Not Employe		Not Employed	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/18/2023	Garcia, Eduardo		\$100.0
	Contributor address; City; State; Zip Code		
	Humble, TX 77396		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Painter		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/31/2023	Garcia, Gildardo		\$15.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77039		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/19/2023	Garcia, Javier		\$100.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78247		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Risk manag		NCUA	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	Garza, Abel		\$50.0
	Contributor address; City; State; Zip Code		
	Liumble, TV 77000		
	Humble, TX 77396		<u> </u>
-	Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Administrato)[Aldine isd	

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	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 10/36 Rpt: 13/94	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
ľ		mando L. (The Honorable)			Ŭ	00062108	
4	Date	5 Full name of contributor out-of-s	tate PAC (ID#:)	7	Amount of Contribution (\$)	
	10/27/2023	Gibson, John					\$100.00
		6 Contributor address; City; State; Zip Co					
		Lubbock, TX 79407					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Lawyer			GibsonFirm			
	Date	Full name of contributor 🛛 out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2023	Ginder, William					\$100.00
		Contributor address; City; State; Zip Co					
		Spring, TX 77388					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales			Caldwell Cos			
	Date	Full name of contributor 🛛 out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	09/29/2023	Gomez, Adrian					\$35.00
		Contributor address; City; State; Zip Co					
		Houston, TX 77093	i				
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales			Aggreko			
	Date	Full name of contributor out-of-s	tate PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2023	Gomez, Adrian					\$5.00
		Contributor address; City; State; Zip Co					
		Houston, TX 77009					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales			Aggreko			
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2023	Gomez, Diana					\$250.00
		Contributor address; City; State; Zip Co	de				
⊢		Houston, TX 77009			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Chamberlain Hrdlicka			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/36 Rpt: 14/94	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	nando L. (The Honorable)		00062108	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/30/2023	Gonzalez, Veronica			\$250.00
	6 Contributor address; City; State; Zip Code		•	
	McAllen, TX 78504			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Vice Presider	nt	University of Texas Rio	Grande Valley	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/20/2023	Gonzalez Fusilier, Paola			\$100.00
	Contributor address; City; State; Zip Code			
	Pasadena, TX 77504			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Therapist		Pasadena Counseling C	Center	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/16/2023	Gray, Helen			\$50.00
-	Contributor address; City; State; Zip Code	,		
	Houston, TX 77039			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Not Employed		Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2023	Guerra, Juan			\$1,000.00
	Contributor address; City; State; Zip Code			+ _, -
	Continuation address, City, State, Zip Code			
	Houston, TX 77007			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Attorney	``````	Juan L. Guerra Jr. & Ass		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/30/2023	Gulf States Toyota Inc. State PAC	/		\$1,500.00
	Contributor address; City; State; Zip Code			Ψ1,000.01
	Continuation dualess, City, State, Lip Code			
	Houston, TX 77077			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>	
			<i>')</i>	

	The Instru	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 12/36 Rpt: 15/94	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Walle Jr., Ar	mando L. (The Honorable)				00062108	
4	Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/22/2023	Gustin, Charlie					\$250.00
	I	6 Contributor address; City; State; Zip Co					
		Pearland, TX 77584					
		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Attorney			Self			
	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
	11/04/2023	Gutierrez, Abel					\$100.00
	1	Contributor address; City; State; Zip Co					
		Angleton, TX 77515					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	.d		Not Employed			
	Date		state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2023	Gutierrez, Abel					\$100.00
		Contributor address; City; State; Zip Co	ode				
		Applaton TV 77515					
	Dringing oog	Angleton, TX 77515		Employer (See Instructions	<u>`</u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date		state PAC (ID#:)		Amount of Contribution (\$)	ቀንርስ ስስ
	10/06/2023	Gutierrez, Leonard					\$250.00
		Contributor address; City; State; Zip Co	de				
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Accountant			Sand Revolution			
\vdash	Date	Full name of contributor out-of-si	state PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2023	HATTERY, KEVIN					\$100.00
	I	Contributor address; City; State; Zip Co	ode				
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Non profit ex	ecutive		BOYS & GIRLS CLUBS			

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 16/94	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)				00062108	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/19/2023	HCA Texas Good Govern	Iment Fund				\$1,000.00
		6 Contributor address; City; Si	tate; Zip Code				
_	<u></u>	Dallas, TX 75240			Ĺ		
8	Principal occu	<pre>upation / Job title (See Instructions</pre>	s) 	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2023	HS Law PAC					\$500.00
		Contributor address; City; Si			ĺ		
	D 1 alterationer	Austin, TX 78701			Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	11/30/2023	Hall, Shari					\$500.00
		Contributor address; City; Si					*****
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions			
	Attorney			McCloskey Roberson W	/00	lley	
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/18/2023	Hawes, David					\$500.00
		Contributor address; City; Si	tate; Zip Code				
		Minoral Malle TV 76069					
<u> </u>	Dringing occ	Mineral Wells, TX 76068 Ipation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Consulting F		5)	Hawes Hill & Associates		ID	
╞		Full name of contributor			, 		
	Date 10/31/2023	Hayes, Shawna	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	10/01/2020	Contributor address; City; Si	itata: Zin Cada				ψ00.00
		CONTINUION AUGUESS, City, Si	lale, zip coue				
		Houston, TX 77073					
	Principal occu	I Ipation / Job title (See Instructions		Employer (See Instructions	 5)		
	Community !	Engagement Manager		UFE			
				<u> </u>			

-							
	The Instru	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A1: Sch: 14/36 Rpt: 17/94	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)				00062108	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/30/2023	Head, Stephen					\$150.00
		6 Contributor address; City; State	e; Zip Code				
		Spring, TX 77381					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2023	Hernandez, John P.					\$255.00
		Contributor address; City; State					
		Houston, TX 77003					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Amegy Bank			Banker			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/28/2023	Hernandez, Yvonne					\$15.00
		Contributor address; City; State	e; Zip Code				
		Houston, TX 77076					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/07/2023	HillCo PAC					\$1,000.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2023	Hillier, Robert					\$250.00
		Contributor address; City; State	e; Zip Code				
		Houston, TX 77096					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Executive			Harris Health System			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/36 Rpt: 18/94
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rmando L. (The Honorable)		00062108
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/10/2023	Houston Police Retired Officers Association		\$250
1	6 Contributor address; City; State; Zip Code		
1			
ł			
	Houston, TX 77219		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023			\$100
1	Contributor address; City; State; Zip Code		
1			
1			
ļ	Houston, TX 77037]	
	ipation / Job title (See Instructions)	Employer (See Instructions)	s)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	Hudspeth, Ann		\$100
1	Contributor address; City; State; Zip Code		
1			
1			
1	Austin, TX 78758		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)
Retired		Self	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2023	IBAT PAC		\$500
	Contributor address; City; State; Zip Code		
1			
1			
	Austin, TX 78701		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	s)
-	•		,
Date	Full name of contributor X out-of-state PAC (ID#: 4	C000 <u>27342</u>)	Amount of Contribution (\$)
09/25/2023	IBEW PAC		\$750
1	Contributor address; City; State; Zip Code		
1			
1			
1	Washington, DC 20001		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
1			

1	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 16/36 Rpt: 19/94	
2 F	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108	,
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
1	12/15/2023	J. Ancira Strategies				\$350.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8 F	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
1	11/06/2023	Jackson Walker LLP				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75201				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
C	09/18/2023	Joseph, Judith				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston TV 7707E				
		Houston, TX 77075		<u> </u>		
	Occupationa	pation / Job title (See Instructions) I Theranist	Employer (See Instructions Texas Occupational The		w Association	
	-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	Date 09/18/2023)		Amount of Contribution (\$)	\$100.00
	JAI TOI 2022	Juarez, Veronica		•		Φ100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77006				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
١	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
1	11/20/2023	Kirk, Michael				\$30.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77037				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
E	Bus Driver		Aldine ISD			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/36 Rpt: 20/94	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	mando L. (The Honorable)		00062108	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/18/2023	Klotman, Paul			\$50.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77006			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Baylor College of Medic	ine	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/29/2023	Knaack, Gina			\$10.00
	Contributor address; City; State; Zip Code			
	Colorado Springs, CO 80925			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/29/2023	Knox-Goode, Kelly			\$35.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77008	-		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
RN		MD Anderson		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/27/2023	Laborde, Tatiana			\$100.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20017			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Office of Mig	rant Services DC	Program		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2023	Lara, Alma			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77022			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	d	Not Employed		

	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/36 Rpt: 21/94	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		mando L. (The Honorable)			-	00062108	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2023	Law Offices of Craig Eiland					\$250.00
		6 Contributor address; City; State;	Zip Code				
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	_	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/27/2023	Ledesma, Cynthia Michelle					\$50.00
		Contributor address; City; State;					
		Fort Worth, TX 76110	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	:d		Not Employed			
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/14/2023	Linebarger Goggan Blair & Sa					\$500.00
		Contributor address; City; State;					
	- · · ·	Austin, TX 78760	r		Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2023						\$500.00
		Contributor address; City; State;					
		Dallas, TX 75201					
	Dringinal occu			Employer (See Instructions	<u> </u>		
	Philipai occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 25 00
	10/26/2023	Locke, Nancy					\$25.00
		Contributor address; City; State;	Zip Code				
		Camano Island, WA 98282					
	Dringinal occu			Employer (See Instructions	<u>ا</u>		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
		;u	I	ΝΟΙ ΕΠΡΟγεά			

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

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/36 Rpt: 23/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)			00062108)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/28/2023	Maselli, Jani				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77009				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Assistant Pu	blic Defender	Harris County			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/18/2023	McAlister Shields, Leah				\$500.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Faculty		University of Houston			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/01/2023	McGuire Revocable Trust				\$2,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID#:_	С00225342)		Amount of Contribution (\$)	
	12/14/2023	McGuireWoods				\$500.00
		Contributor address; City; State; Zip Code		1		
		Richmond, VA 23219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/30/2023	Medina, Glorimar				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77018				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Harris Health			

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 21/36 Rpt: 24/94	
2 FILER NAM	 E		3 Filer ID (Ethics Commission	ו Filers)
	– Armando L. (The Honorable)		00062108	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/30/2023				\$100.00
	6 Contributor address; City; State; Zip Code			
	Pasadena, TX 77503	1		
-	cupation / Job title (See Instructions)	9 Employer (See Instructions		
Insurance /	Agent	Medrano Insurance Age	ency	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2023				\$100.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77004	1		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
Not Employ	yed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/18/2023	3 Mindiola, Tatcho			\$100.00
	Contributor address; City; State; Zip Code]	
	Houston TV 77004			
Drimpinglage	Houston, TX 77004			
Not Employ	cupation / Job title (See Instructions)	Employer (See Instructions Not Employed	3)	
	· 		T	
Date)	Amount of Contribution (\$)	+=== 0.00
12/04/2023	,			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			»)	
Data	Full name of contributor	<u> </u>	Amount of Contribution (\$)	
Date 09/30/2023)		\$50.00
0010012020	Contributor address; City; State; Zip Code			φ00.00
	Continuation address, City, State, Zip Code			
	Houston, TX 77093			
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Not Employ		Not Employed	· /	
• •				

The Instruction Guide explains how to complete this form. 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 00062108 4 Date 09/22/2023 5 Full name of contributor out-of-state PAC (ID#:) Murillo, Arturo 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code Houston, TX 77060 9 Employer (See Instructions)	n Filers) \$50.00
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 09/22/2023 Murillo, Arturo 6 Contributor address; City; State; Zip Code Houston, TX 77060	
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 09/22/2023 Murillo, Arturo 6 Contributor address; City; State; Zip Code Houston, TX 77060	
09/22/2023 Murillo, Arturo 6 Contributor address; City; State; Zip Code Houston, TX 77060	\$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77060	\$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77060	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Public Relations Houston Metro	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/09/2023 Murillo, Mia	\$100.00
Contributor address; City; State; Zip Code	
Houston, TX 77023	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Consultant DNC	
Date Full name of contributor X out-of-state PAC (ID#: C00366559) 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 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe Amount of Contribution (\$)	\$250.00
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe Contributor address; City; State; Zip Code	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77096 Houston, TX 77096 Amount of Contribution (\$)	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77096 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	\$250.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/22/2023 Navarro, Guadalupe	

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 23/36 Rpt: 26/94	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
		mando L. (The Honorable)		00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
	08/21/2023	Oncor Texas State PAC		\$1,500	.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75202			
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	e)	
ľ	Fillopai occa			>)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ļ
	09/18/2023	Ordaz, Melinda		\$35.	.00
	Contributor address; City; State; Zip Code			•	
┡	Dringing oog	Humble, TX 77346	Employer (Coo Instructions		
	Not Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	6)	
	Date 10/23/2023	Full name of contributor X out-of-state PAC (ID#: Organon & Co Employee PAC	: <u>C00780171</u>)	Amount of Contribution (\$) \$500.	00
	10/23/2023	Contributor address; City; State; Zip Code		ψυυυ.	.00
		Culturbulor dudress, City, State, Zip Code			
		Washington, DC 20001			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/18/2023	Ortega, Ada		\$50.	.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78212			
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	-	ommunications Manager	Community First Health		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/18/2023	Padley, Drew		\$25.	.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77019			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Attorney		Smyser Kaplan & Vesel	ka LLP	

	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/36 Rpt: 27/94	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		mando L. (The Honorable)				00062108	
4	Date		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2023	Patronella, David					\$35.00
	I	6 Contributor address; City; State; Z	lip Code				
Ļ	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Houston, TX 77018	T				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Not Employe			Not Employed	-		
	Date		out-of-state PAC (ID#: <u>C</u>))))))))))))))))))))		Amount of Contribution (\$)	
	11/03/2023	PepsiCo					\$1,000.00
		Contributor address; City; State; Z					
		Durchass NV 10577					
		Purchase, NY 10577	r	Englisher (Cas Instructions	Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		out-of-state PAC (ID#: <u>C</u>)		Amount of Contribution (\$)	
	09/26/2023	Pfizer PAC					\$1,000.00
		Contributor address; City; State; Z	'ip Code				
		Now York NY 10001					
<u> </u>	Dringing occu	New York, NY 10001	T	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	9		
L							
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	*1 000 00
	10/23/2023						\$1,000.00
		Contributor address; City; State; Z	'ip Code				
		Austin, TX 78703					
┝	Principal occu	pation / Job title (See Instructions)	İ	Employer (See Instructions	<u> </u>		
	Consultant			Self	9		
╞							
	Date 12/22/2023	Full name of contributor ou Porras, Alfred	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	1212212025		7 O-1-				Φ10.00
		Contributor address; City; State; Z	lip Code				
		Houston, TX 77093					
-	Principal occu	pation / Job title (See Instructions)	İ	Employer (See Instructions	L		
	Paralegal			Houston Community Sei		:es	
			I				

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 25/36 Rpt: 28/94	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		mando L. (The Honorable)				00062108	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:_)	7	Amount of Contribution (\$)	
	10/25/2023	Porras, Alfred					\$15.00
		6 Contributor address; City; State; Zip Code			1		
		HOUSTON, TX 77093					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Houston Cor	mmunity Services		Paralegal			
	Date	Full name of contributor out-of-state P/	•AC (ID#:_)		Amount of Contribution (\$)	
	11/22/2023	Porras, Alfred					\$10.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77093					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Paralegal			Houston Community Se	rvi	:es	
	Date	Full name of contributor out-of-state P	AC (ID#:_)		Amount of Contribution (\$)	
	09/18/2023	Puente, Jaime					\$50.00
		Contributor address; City; State; Zip Code			1		
		Austin, TX 78741			Ĺ		
	•	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Lobbyist			Every Texan			
	Date	Full name of contributor out-of-state P/	AC (ID#:_)		Amount of Contribution (\$)	
	10/27/2023	R Perez, Daniel					\$10.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77381					
\vdash	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	UHD			Professor	5)		
╘				FIUICOOU	-		
	Date	Full name of contributor out-of-state P/	'AC (ID#:)		Amount of Contribution (\$)	<u> ተ</u> ርሳ ሰብ
	09/19/2023	Ramon jr, Cipriano					\$50.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77039					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> יו		
	Not Employe			Not Employed	<i>,</i>		
\vdash							

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/36 Rpt: 29/94	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	09/22/2023	Rash, Jeanette				\$50.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	<u> </u>	Houston, TX 77020		Ļ		
8	Principal occu President	upation / Job title (See Instructions)	9 Employer (See Instructions Fast TOA	5)		
				, —		
	Date	—	#:)		Amount of Contribution (\$)	1355.00
	09/19/2023					\$300.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77020				
┝	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	President	· · · · · · · · · · · · · · · · · · ·	Fast Tow	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	10/25/2023	Rash, Jeanette	τ,			\$250.00
		Contributor address; City; State; Zip Code	,			• -
		Houston, TX 77020				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Milam St Au	to	President			
Γ	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	09/22/2023	Rivas, Veronica				\$100.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77039				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	T moipa cocc		Express Pool Plastering			
┝	Date	Full name of contributor Out-of-state PAC (ID;		, —	Amount of Contribution (\$)	
	11/10/2023	Rodriguez, James	£)			\$250.00
	11 , 10 , 1	Contributor address; City; State; Zip Code				<i>W</i>LUUUUUUUUUUUUU
		Houston, TX 77018				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Padilla & Rodriguez			
			- ·			
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	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/36 Rpt: 30/94	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
ľ		mando L. (The Honorable)			ľ	00062108	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/27/2023	Rogero, Colin	_				\$1,000.00
		6 Contributor address; City; S	tate: Zip Code				
		,,,,	·····, _··P ·····				
		Washington, DC 20002					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)		
	President			Revolution Media			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/27/2023	Ruiz, Luis		/			\$250.00
		Contributor address; City; S					
		Contributor address, City, S	iale, ZIP Coue				
		Baytown, TX 77520					
⊢	Dringinglassy	-					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	The law offic	es of Luis Ruiz		Attorney			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/31/2023	Saenz, Graciela					\$100.00
		Contributor address; City; S	tate; Zip Code		1		
		Houston, TX 77023					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Attorney			Self			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/28/2023	Sampson Public Affairs					\$500.00
	12/20/2023	·····					\$300.00
		Contributor address; City; S	tate; Zip Code				
		Austin TV 70740					
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/31/2023	Sanchez, Mariana					\$100.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77065					
⊢	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>ا</u>		
		ainst Adversity	-,	COO	,		
⊢	_onang / gt						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/36 Rpt: 31/94	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Walle Jr., Ar	rmando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/21/2023	Sanders, Josh				\$500.00
	I	6 Contributor address; City; State; Zip Code		1		
Ļ		Cypress, TX 77433		Ļ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
L	Consultant		Self	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	- =
	09/18/2023]		\$35.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77022				
⊢	Drincinal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Teacher	pallon / Job lille (See וושותכווסויס)	Hisd	5)		
╞				Ξ	(¢)	
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: Santos, Elizabeth			Amount of Contribution (\$)	\$35.00
	10/31/2023			ł		ФОО.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77022				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Hisd	1	Teacher			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/27/2023	Sheffield, Kathyanne				\$25.00
	I	Contributor address; City; State; Zip Code		1		
L		Houston, TX 77055				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
L	Alief ISD		Teacher	_		
ſ	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	09/18/2023	Simpson, Greg]		\$100.00
		Contributor address; City; State; Zip Code				
		Kingwood, TX 77345				
⊢	Bringinal occu		Employer (See Instructions	$\sum_{i=1}^{n}$		
	Principal occu President	upation / Job title (See Instructions)	Employer (See Instructions North Houston District	5)		
⊢		/	North Flouston Distance			

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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/36 Rpt: 32/94
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	rmando L. (The Honorable)		00062108
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/27/2023			\$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77006		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Lawyer		Slate and Associates	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023	Smith, Alton		\$15.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77088		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	Smith, Jacob		\$500.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78745		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Consultant		Longleaf Consulting	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2023	Smith, Linda		\$100.00
	Contributor address; City; State; Zip Code		
Duit singly age	Houston, TX 77091		,
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe		Not Employed	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/30/2023			\$100.00
	Contributor address; City; State; Zip Code		
	Houston TV 77001		
Dringing oog	Houston, TX 77091		
Not Employe	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	<i>(</i>)
ΝΟι Επιριογο			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 33/94	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		mando L. (The Honorable)			00062108	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/31/2023	Snow, Mollie				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Austin TV 70750				
0	Bringinal occu	Austin, TX 78750 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Not Employe		Not Employed	5)		
				<u> </u>	Amount of Contribution (f)	
	Date 11/30/2023)		Amount of Contribution (\$)	\$15.00
	11/30/2023					Φ19.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed	-)		
	Date)	Г	Amount of Contribution (\$)	
	09/19/2023	Sorola-Pohlman, Lenora)			\$35.00
	00,20,2020	Contributor address; City; State; Zip Code				+00.00
		Houston, TX 77008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner		Sorola Consulting Servi	ices	s Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)	
	10/31/2023	Sorola-Pohlman, Lenora				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77008				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Broker		Sorola Insurance servic	es		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/20/2023	Sparks, Andrea				\$100.00
		Contributor address; City; State; Zip Code]		
	<u> </u>	West Lake Hills, TX 78746		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Director of G	overnment Relations	Buckner International			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/36 Rpt: 34/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Walle Jr., Ar	mando L. (The Honorable)			00062108	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/18/2023	Sparks, Andrea				\$35.00
	I	6 Contributor address; City; State; Zip Code				
		1				
		West Lake Hills, TX 78746				
8	Principal occu Gov Relatior		9 Employer (See Instructions) Buckner Intl	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/18/2023	Strong, Pat				\$250.00
	Contributor address; City; State; Zip Code					
		Houston, TX 77056				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L 1		
	Consultant		Self	リ		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	10/25/2023	Full name of contributor out-of-state PAC (ID#: Syptak, Jeff	/			\$50.00
	10/20/2020	Contributor address; City; State; Zip Code				Ψυυιου
		Contributor address, City, State, Zip Code				
		1				
		Houston, TX 77086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	City of Houst	.on	Staffer/Admin Assistant			
Γ	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>)	Γ	Amount of Contribution (\$)	
	10/03/2023	Sysco				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		1				
┡	Dringing oog	Houston, TX 77077	Employer (See Instructions			
		pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>)	Γ	Amount of Contribution (\$)	
	08/07/2023	Sysco				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77077				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Phillipai occu			ŋ		
⊢						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/36 Rpt: 35/94	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		mando L. (The Honorable)			00062108	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/02/2023	TREPAC/Texas Association of Realtors				\$5,000.00
		6 Contributor address; City; State; Zip Code				
_		Austin, TX 78768		Ĺ		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	.)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2023	Texas A&M PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
				ĺ		
		Austin TV 70701				
<u> </u>	Dringing oog	Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/05/2023	Texas Apartment Association				\$1,000.00
		Contributor address; City; State; Zip Code		ĺ		
				ĺ		
		Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	,)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/06/2023	Texas Food and Fuel Association				\$1,000.00
		Contributor address; City; State; Zip Code		ĺ		
				ĺ		
				ĺ		
		Austin, TX 78701	1			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/05/2023	Texas Trial Lawyers Association				\$2,500.00
		Contributor address; City; State; Zip Code				
				ĺ		
	Dringingloog	Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
⊢						

The Instruction Guide explains how to complete this form. Sch: 33/36 Rpt: 36/94 2 FILER NAME 3 Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 12/12/2023 5 Full name of contributor out-of-state PAC (ID#:) 7 12/12/2023 6 Contributor address; City; State; Zip Code 7 Austin, TX 78701 9 Employer (See Instructions) Self 9 Date Full name of contributor is; Code Sut-of-state PAC (ID#:_C00010470) Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Lobbyist 9 Employer (See Instructions) Self Amount of Contribution (\$) 08/24/2023 Union Pacific Image: City; State; Zip Code Amount of Contribution (\$) \$1,500.00 Washington, DC 20005 Employer (See Instructions) Employer (See Instructions) \$1,000.00 07/27/2023 Full name of contributor Image: Out-of-state PAC (ID#: C00274431
Walle Jr., Armando L. (The Honorable) 00062108 4 Date 5 Full name of contributor
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 12/12/2023 6 Contributor address; City; State; Zip Code \$400.00 6 Contributor address; City; State; Zip Code \$400.00 8 Principal occupation / Job title (See Instructions) Lobbyist 9 Employer (See Instructions) Self Amount of Contribution (\$) 08/24/2023 Full name of contributor in out-of-state PAC (ID#: C00010470) Amount of Contribution (\$) 08/24/2023 Full name of contributor in out-of-state PAC (ID#: C00010470) Amount of Contribution (\$) 08/24/2023 Full name of contributor in out-of-state PAC (ID#: C00010470) Amount of Contribution (\$) 08/24/2023 Versington, DC 20005 Employer (See Instructions) \$1,500.00 07/27/2023 Full name of contributor in out-of-state PAC (ID#: C00274431) Amount of Contribution (\$) 07/27/2023 Full name of contributor in out-of-state PAC (ID#: C00274431) Amount of Contribution (\$) 07/27/2023 United Health Group intender contributor in out-of-state PAC (ID#: C00274431) Amount of Contribution (\$) 07/27/2023 United Health Group in o
12/12/2023 Turrieta, Gilbert \$400.00 6 Contributor address; City; State; Zip Code \$400.00 Austin, TX 78701 9 Employer (See Instructions) Self \$400.00 Date Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,500.00 08/24/2023 Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,500.00 08/24/2023 Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,500.00 Date Full name of contributor Image: Contributor Amount of Contribution (\$) 07/27/2023 Full name of contributor Image: Contributor Amount of Contribution (\$) 07/27/2023 United Health Group Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) Washington, DC 20004 Image: Contributor Image: Contributor address; City; State; City Contributor Image: Contributor address; City; State; City Conte Im
6 Contributor address; City; State; Zip Code Austin, TX 78701 9 8 Principal occupation / Job title (See Instructions) Lobbyist 9 Date Full name of contributor I out-of-state PAC (ID#:C00010470) Union Pacific Amount of Contribution (\$) 08/24/2023 Union Pacific Contributor address; City; State; Zip Code Amount of Contribution (\$) Vashington, DC 20005 Employer (See Instructions) \$1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,500.00 Date Vashington, DC 20005 Employer (See Instructions) \$1,000.00 O7/27/2023 Full name of contributor I out-of-state PAC (ID#:C00274431) United Health Group Amount of Contribution (\$) Contributor address; City; State; Zip Code Mashington, DC 20004 Amount of Contribution (\$)
Austin, TX 78701 Austin, TX 78701 Principal occupation / Job title (See Instructions) Lobbyist 9 Employer (See Instructions) Self Date Full name of contributor IX out-of-state PAC (ID#:COUO10470) Union Pacific Amount of Contribution (\$) (Contributor address; City; State; Zip Code Washington, DC 20005 Washington, DC 20005 Employer (See Instructions) United Health Group Employer (See Instructions) Date Full name of contributor IX out-of-state PAC (ID#:COU274431) United Health Group Amount of Contribution (\$) (Contributor address; City; State; Zip Code Date Full name of contributor IX out-of-state PAC (ID#:COU274431) Amount of Contribution (\$) (Contributor address; City; State; Zip Code 07/27/2023 Full name of contributor IX out-of-state PAC (ID#:COU274431) Amount of Contribution (\$) (Contributor address; City; State; Zip Code Washington, DC 20004 Washington, DC 20004 Employer (See Instructions)
8 Principal occupation / Job title (See Instructions) Lobbyist 9 Employer (See Instructions) Self Date Full name of contributor Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Vashington, DC 20005 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$) 07/27/2023 United Health Group Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$) 07/27/2023 Washington, DC 20004 Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$)
8 Principal occupation / Job title (See Instructions) Lobbyist 9 Employer (See Instructions) Self Date Full name of contributor Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Union Pacific Image: Out-of-state PAC (ID#: C00010470 multiple) Amount of Contribution (\$) 08/24/2023 Vashington, DC 20005 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$) 07/27/2023 United Health Group Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$) 07/27/2023 Washington, DC 20004 Image: Out-of-state PAC (ID#: C00274431 multiple) Amount of Contribution (\$)
Lobbyist Self Date Full name of contributor x out-of-state PAC (ID#:C00010470) Amount of Contribution (\$) 08/24/2023 Union Pacific \$1,500.00 Contributor address; City; State; Zip Code Washington, DC 20005 Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor x out-of-state PAC (ID#:C00274431) Amount of Contribution (\$) 07/27/2023 United Health Group Amount of Contribution (\$) 07/27/2024 Full name of contributor x out-of-state PAC (ID#:C00274431) Amount of Contribution (\$) Washington, DC 20004 Washington, DC 20004 Amount of Contribution (\$)
Date Full name of contributor Image: out-of-state PAC (ID#: C00010470) Amount of Contribution (\$) 08/24/2023 Union Pacific \$1,500.00 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor Image: Contributor address; City; State; Zip Code Amount of Contribution (\$) 07/27/2023 United Health Group S1,000.00 S1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004 Amount of Contribution (\$)
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08/24/2023 Union Pacific \$1,500.00 Contributor address; City; State; Zip Code Washington, DC 20005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor X out-of-state PAC (ID#:C00274431) 07/27/2023 United Health Group Contributor address; City; State; Zip Code Amount of Contribution (\$) Washington, DC 20004 United Health Group
Washington, DC 20005 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#:C00274431) 07/27/2023 United Health Group Contributor address; City; State; Zip Code Amount of Contribution (\$) Washington, DC 20004 United Health Group
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor image: contributor image: contributor image: contributor image: contributor image: contributor image: contributor address; city; State; Zip Code Amount of Contribution (\$) 07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor image: contributor image: contributor image: contributor image: contributor image: contributor image: contributor address; city; State; Zip Code Amount of Contribution (\$) 07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor image: contributor image: contributor image: contributor image: contributor image: contributor image: contributor address; city; State; Zip Code Amount of Contribution (\$) 07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004
Date Full name of contributor X out-of-state PAC (ID#: C00274431) Amount of Contribution (\$) 07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004 United Health Complexity
07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004
07/27/2023 United Health Group \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20004
Contributor address; City; State; Zip Code Washington, DC 20004
Washington, DC 20004
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
07/20/2023 Valdez, Jerry \$750.00
Contributor address; City; State; Zip Code
Austin, TX 78711
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Consultant Self
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
09/19/2023 Valenzuela, Angela \$50.00
Contributor address; City; State; Zip Code
Austin, TX 78704
Principal occupation / Job title (See Instructions) Employer (See Instructions)
PROFESSOR UT-AUSTI N

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	1	1 Total pages Schedule A1: Sch: 34/36 Rpt: 37/94		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	Walle Jr., Ar	mando L. (The Honorable)		00062108		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/02/2023	Valero Torres, Marisol				\$100.00
		6 Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77042				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	BakerRipley		Manager			
—	Date	Full name of contributor X out-of-state PAC (ID#: C)	Γ	Amount of Contribution (\$)	
	10/24/2023	Vistra Energy				\$2,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Irving, TX 75039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L			<u> </u>	_		
	Date	Full name of contributor X out-of-state PAC (ID#: C)	Γ	Amount of Contribution (\$)	
	11/07/2023	WALPAC				\$2,000.00
		Contributor address; City; State; Zip Code				
		1				
		Denterville AD 72716				
		Bentonville, AR 72716 pation / Job title (See Instructions)	Employer (See Instructions	Ĺ		
	Ρπιτυμαι στου			り		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	09/18/2023	Walker, Nathaniel J	/		Amount of Continuation (+)	\$250.00
		Contributor address; City; State; Zip Code				*
		1				
		Austin, TX 78752				
\square	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Lobbyist		Self			
Γ	Date	Full name of contributor X out-of-state PAC (ID#: C)	Γ	Amount of Contribution (\$)	
	11/07/2023	Waste Management Employees Better Governm	ient Fund			\$1,500.00
	Contributor address; City; State; Zip Code					
		1				
		1				
L		Washington, DC 20004]			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L			L			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/36 Rpt: 38/94	
2 FILER NAME	 :	3 Filer ID (Ethics Commissio	on Filers)	
	- rmando L. (The Honorable)	00062108	,,,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/20/2023				\$1,500.00
	6 Contributor address; City; State; Zip Code			
2 Dringingloog	Austin, TX 78701	C Employer (Coo Instructions	~	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/12/2023	Wholesale Beer Distributors of Texas PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin TV 20201			
Drincinal occu	Austin, TX 78701	Employer (See Instructions	A	
ΡΠιτιμαι στου	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/18/2023	Wiley, Joyce			\$35.00
	Contributor address; City; State; Zip Code			
Dringing Loop	Houston, TX 77018	Encloser (Cas Instructions	、 、	
Principal occu Not Employe	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	.)	
		<u> </u>		
Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: Willars, Hector)	Amount of Contribution (\$)	\$100.00
DAITOITOT				Φ100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
СРА		Hector A. Willars CPA P	LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Willars, Hector			\$50.00
	Contributor address; City; State; Zip Code			
	Clackamas, OR 97015			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Accountant		Self)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

				1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to complete this	s form.		Sch: 36/36 Rpt: 39/94	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Walle Jr., Ar	mando L. (The Honorable)		00062108		
4	Date	5 Full name of contributor out-of-state PAC (IE	#:)	7	Amount of Contribution (\$)	
	12/12/2023	Williams, Mark				\$50.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78756				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
ľ	Lobbyist		Williams Public Affair			
⊨	Date	Full name of contributor out-of-state PAC (IE)#·	Т	Amount of Contribution (\$)	
	12/01/2023	Zermeno, Roy)		,	\$50.00
		Houston, TX 77013				
		pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (IE	#:)		Amount of Contribution (\$)	
	10/27/2023	osullivan, kevin				\$100.00
		Contributor address; City; State; Zip Code				
		Channahon, IL 60410				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 ons)		
	Owner		Kevin OSullivan			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 40/94							
2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	rmando L. (The Honorable)	00062108							
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date 12/12/2023	 6 Full name of contributor out-of-state PAC (ID#: Blackridge 7 Contributor address; City; State; Zip Code)	 8 Amount of contribution (\$) description \$350.00 Email distribution for fundraiser 						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
10 Principal occu	upation / 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 contribute	r'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 out-of-state PAC (ID#: Ingersoll, Deborah Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description \$350.00 Email distribution for fundraiser							
	Austin, TX 78763		I Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Employer (FOR NON-JUDICIAL) (See instructions)						
Legislative S	Solutions	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 out-of-state PAC (ID#: MoakCasey Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$231.05 Food, drinks and space rental for fundraiser						
	Austin, TX 78701		I Check if travel outside of Texas. Complete Schedule T.						
Principal occi	upation / 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	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE	A2
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	The Instru	ction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 2/2 Rpt: 41/94			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Walle Jr., A	rmando L. (The Honorable)			00062108		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5	Date 07/27/2023	 6 Full name of contributor out-of-state PAC (ID#: MoakCasey 7 Contributor address; City; State; Zip Code Austin, TX 78701)	8	Amount of contribution (\$) 9 In-kind contribution description \$216.50 Food, drinks and space rental for fundraiser		
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU			
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 contributo	or's	spouse (if any) (FOR JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nittee Legal Services	ees Office Overhead/Rental Expense Transportation Eq ood/Beverage Expense Polling Expense Travel in District Sift/Awards/Memorials Expense Printing Expense Travel Out of District			
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)	
1	Sch: 1/49 Rpt: 42/94	Valle Jr., Armando L. (The H	onorable)		00062108	
4	Date	Payee name			1	
	07/23/2023	ActBlue				
6	Amount (\$)	Payee address; City;	State; Zip C	Code		
	\$29.63	P.O. Box 441146				
		Somerville, MA 02144				
8	PURPOSE	Category (See Categories listed at the	ton of this schedule)	(b) Description		
		Fees	top of the concelet,	Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE				n, TX, officeholder living expense	
				Fundraising	Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	ought	Office held	
_	Date	Payee name				
	09/24/2023	ActBlue				
	Amount (\$)	Payee address; City;	State; Zip (Code		
	\$309.82	P.O. Box 441146	- · · ·			
		Somerville, MA 02144		-		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Fees	top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	bught	Office held	
	Date	Payee name				
	09/30/2023	ActBlue				
-	Amount (\$)	Payee address; City;	State; Zip (:ode		
	\$16.62	P.O. Box 441146				
	\$10.0L	.0. Dox ++11-+0				
		Somerville, MA 02144				
	PURPOSE	Category (See Categories listed at the	top of this schedule)	(b) Description		
	OF EXPENDITURE	Fees			outside of Texas. Complete Schedule T.	
					n, TX, officeholder living expense	
				Fundraising	Fees	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office so	bught	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Be Gift/Awa nmittee Legal Se	Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in Gift/Awards/Memorials Expense Printing Expense Travel ou				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
Ļ		1		struction Guide explain	IS NOW to cu	ompie	ete this form.	<u> </u>	
1	Total pages Schedule F1:							3	Filer ID (Ethics Commission Filers)
	Sch: 2/49 Rpt: 43/94			lo L. (The Honorabl	e)				00062108
4	Date 10/08/2023		Payee name ActBlue						
6	Amount (\$) \$15.81	\$15.81 P.O. Box 441146							
			Somerville, MA 02	2144		-			
8 PURPOSE OF EXPENDITURE			 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees 						
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office held		
	Date		Payee name						
	10/22/2023		ActBlue						
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	ode			
	\$1.98		P.O. Box 441146 Somerville, MA 02	2144					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Fees	ories listed at the top of this s	schedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense 2 S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ught			Office held
	Date		Payee name						
	10/29/2023		ActBlue						
	Amount (\$) \$145.43		Payee address; P.O. Box 441146	City; Sta	te; Zip Co	ode			
			Somerville, MA 02	2144					
	PURPOSE OF EXPENDITURE		Category (See Categ Fees	ories listed at the top of this s	schedule)	(b)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense 2S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 3/49 Rpt: 44/94	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date	5 Payee name							
	11/05/2023	ActBlue							
6	Amount (\$) \$54.15								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE Fees Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/12/2023								
	Amount (\$) Payee address; City; State; Zip Code								
	\$49.38	P.O. Box 441146 Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense CS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/26/2023	ActBlue							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1.59	P.O. Box 441146							
		Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense CS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
	Sch: 4/49 Rpt: 45/94	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 12/03/2023	5 Payee name ActBlue							
6	Amount (\$) \$122.31								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/10/2023								
	Amount (\$) \$7.90	Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense CECS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/17/2023	ActBlue							
	Amount (\$) \$0.20	Payee address; City; State; Zip Code P.O. Box 441146							
		Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense ees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services	e Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor de explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID (Ethics Commission Filers)		
	Sch: 5/49 Rpt: 46/94			Armando L. (The I	Honorable))			00062108		
4	Date	5	Payee name	ć				I			
	12/24/2023		ActBlue								
6	Amount (\$)	7	Payee addre	-	State;	; Zip Coo	le				
	\$0.40		P.O. Box 4	41146							
			Somerville	, MA 02144							
8	PURPOSE OF	(a)		See Categories listed at th	e top of this sch	nedule)	(b) Description				
	EXPENDITURE		Fees						ide of Texas. Complete Schedule T. , officeholder living expense		
							Fundraising				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ht		Office held		
	Date		Payee name	9							
	11/15/2023 Amazon										
	Amount (\$) Payee address; City; State; Zip Code										
	\$15.86	\$15.86 410 Terry Ave N									
			Seattle, W	A 98109							
	PURPOSE OF EXPENDITURE	(a)	Category (s Supplies	See Categories listed at th	e top of this sch	edule)			ide of Texas. Complete Schedule T.		
							Check if Austir Office Suppli		, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(Dffice soug	ht		Office held		
	Date		Payee name	9							
	11/08/2023		Amazon								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le				
	\$31.70		410 Terry	Ave N							
			Seattle, W	A 98109							
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Supplies						ide of Texas. Complete Schedule T.		
							Office Suppli		, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Of	ficeholder name	(Dffice sou	ht		Office held		
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 6/49 Rpt: 47/94		Walle Jr., Armando L. (The Honorable) 00062108						
4	Date 11/14/2023	5 Payee name Amazon							
_		_							
6	6 Amount (\$) \$58.43 \$58.43 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109								
8	PURPOSE	(a)		abadula)	(b)	Description			
-	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
	11/10/2023		Amazon						
	Amount (\$) Payee address; City; State; Zip Code								
	\$68.36	\$68.36 410 Terry Ave N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Supplies	schedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
	07/31/2023		Amazon						
	Amount (\$) \$103.80		Payee address; City; Sta 410 Terry Ave N	te; Zip C	Code				
			Seattle, WA 98109		_				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Supplies	schedule)	(b)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	bught			Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Imittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	5		ulue explaine i	11000 10 00.	ilplete tills form.	3	Filer ID (Ethics Commission Filers)	
T	Sch: 7/49 Rpt: 48/94		Walle Jr., Armando L. (The	00062108					
4	Date	5	Payee name						
	11/15/2023		Amazon						
6	6 Amount (\$) \$108.24 \$108.24 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109								
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies						-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held	
	Date		Payee name						
	07/27/2023		Amazon						
Amount (\$) Payee address; City; State; Zip Code									
	\$156.42		410 Terry Ave N Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Supplies	the top of this sch	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held	
	Date		Payee name						
	11/14/2023		Amazon						
	Amount (\$) \$160.21		Payee address; City; 410 Terry Ave N	State;	; Zip Coc	de			
			Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Supplies	the top of this sch	iedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra By - Gift/Awards/Memorials Expense Printing Expense Tra					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total names Cabadula E1.			on Guide explains i			1	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 8/49 Rpt: 49/94		FILER NAME Walle Jr., Armando L. (The Honorable))		3	Filer ID (Ethics Commission Filers) 00062108
4	Date	5	Payee name					
	08/04/2023		Amazon					
6	Amount (\$) \$194.82							
8	PURPOSE	<u> </u>				(b) Description		
J	OF	OF Supplies						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office soug	ht		Office held
	Date		Payee name					
	12/04/2023		City of Austin					
Amount (\$) Payee address; City; State; Zip Code								
	\$57.85		4815 Mueller Blvd. Austin, TX 78723					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories list Utilities	ed at the top of this sch	edule)	X Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Session Apartment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office soug	ht		Office held
	Date		Payee name					
	11/06/2023		City of Austin					
	Amount (\$) \$65.42		Payee address; City; 4815 Mueller Blvd.	State;	; Zip Coo	le		
			Austin, TX 78723					
	PURPOSE OF EXPENDITURE		Category (See Categories list Utilities	ed at the top of this scho	edule)	X Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Session Apartment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
-	Sch: 9/49 Rpt: 50/94	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 07/07/2023	5 Payee name City of Austin				
6	Amount (\$) \$69.13	7 Payee address; City; State; Zip Code 4815 Mueller Blvd. Austin, TX 78723				
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Utilities (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/07/2023	City of Austin				
	Amount (\$) \$71.09	Payee address; City; State; Zip Code 4815 Mueller Blvd. Austin, TX 78723				
	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense r Session Apartment			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/10/2023	City of Austin				
	Amount (\$) \$72.24	Payee address; City; State; Zip Code 4815 Mueller Blvd.				
		Austin, TX 78723				
	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense r Session Apartment			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 10/49 Rpt: 51/94	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 09/05/2023	Payee name City of Austin				
6	Amount (\$) \$73.76	Payee address; City; State; Zip Code 4815 Mueller Blvd. Austin, TX 78723 Austin, TX 78723				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Utilities (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Electric Bill for Session Apartment					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/01/2023	Cubesmart				
	Amount (\$) \$231.00	Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Storage (b) Description 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/01/2023	Cubesmart				
	Amount (\$) \$231.00	Payee address;City;State;Zip Code5 Old Lancaster Rd.				
		Malvern, PA 19355				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ice Storage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

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 Expen Imittee Legal Services The Instruction Guide e			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		·			3	Filer ID (Ethics Commission Filers)
-	Sch: 11/49 Rpt: 52/94	1	Walle Jr., Armando L. (The Hon	orable))			00062108
4	Date 09/01/2023		Payee name Cubesmart					
6	6 Amount (\$) \$231.00 Amount (\$) 7 Payee address; City; State; Zip Code 5 Old Lancaster Rd. Malvern, PA 19355							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Storage (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Storage						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date	Γ	Payee name					
	10/01/2023		Cubesmart					
	Amount (\$) Payee address; City; State; Zip Code							
	\$231.00							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top) Storage	of this sche	edule) (, TX,	ide of Texas. Complete Schedule T. , officeholder living expense e Storage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date	Γ	Payee name					
	11/01/2023		Cubesmart					
	Amount (\$)	┢	Payee address; City;	State;	; Zip Cod	e		
	\$231.00		5 Old Lancaster Rd.					
			Malvern, PA 19355					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Storage	of this sche	edule) (, тх,	ide of Texas. Complete Schedule T. , officeholder living expense e Storage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offit/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/49 Rpt: 53/94	Walle Jr., Armando L. (The Honorable)00062108						
4	Date	Payee name						
	12/01/2023	Cubesmart						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$231.00	5 Old Lancaster Rd.						
		Malvern, PA 19355						
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Campaign Off						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/20/2023	Curatola, Jacqueline						
_	Amount (\$)							
Amount (\$) Payee address; City; State; Zip Code \$500.00 2018 W. Rundberg Lane								
	\$500.00	10D						
		Austin, TX 78758						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/29/2023	Curatola, Jacqueline						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,135.42	2018 W. Rundberg Lane						
		10D						
		Austin, TX 78758						
	PURPOSE	1						
	OF		utside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 13/49 Rpt: 54/94	Walle Jr., Armando L. (The Honorable) 00062108							
4	Date 08/01/2023	Payee name Curatola, Jacqueline							
6	Amount (\$) \$1,350.67								
8	PURPOSE OF EXPENDITURE	OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date Payee name								
09/01/2023 Curatola, Jacqueline									
	Amount (\$)Payee address;City;State;Zip Code\$1,350.672018 W. Rundberg Lane10D								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/01/2023	Curatola, Jacqueline							
	Amount (\$) Payee address; City; State; Zip Code \$1,350.67 2018 W. Rundberg Lane 10D Austin, TX 78758								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <u>-</u> l Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 14/49 Rpt: 55/94	2	Walle Jr., Armando L. (The Honorable) 00062108						
4	Date	5	Payee name						
	12/01/2023		Curatola, Jacqueline						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$1,350.67		2018 W. Rundberg Lane						
			10D						
			Austin, TX 78758						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
-	OF		Salaries/Wages/Contract Labor	euule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					n, TX,	, officeholder living expense		
					Staff Salary				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ıght		Office held		
	Date		Payee name						
	07/08/2023 Dallas Morning News								
Amount (\$) Payee address; City; State; Zip Code									
	\$18.72		1954 Commerce St.						
			Dallas, TX 75201						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Subscription	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ION		
	Complete ONIL V if direct		Candidate/Officeholder name C		i cibt		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Office sou	ignt		Office held		
	Date		Payee name						
	08/08/2023		Dallas Morning News						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$32.51		1954 Commerce St.						
			Dallas, TX 75201						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Subscription				ide of Texas. Complete Schedule T. , officeholder living expense		
					News Subsc				
						12.0			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	l Ight		Office held		
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 15/49 Rpt: 56/94	Walle Jr., Armando L. (The Honorable)	00062108			
4	Date 09/08/2023	Payee name Dallas Morning News				
6	Amount (\$) \$32.51	Payee address; City; State; Zip Code 1954 Commerce St. Dallas, TX 75201				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Subscription (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense News Subscription News Subscription					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/08/2023	Dallas Morning News				
	Amount (\$) \$32.51	Payee address;City;State;Zip Code1954 Commerce St.				
		Dallas, TX 75201				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Otion			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/08/2023	Dallas Morning News				
	Amount (\$) \$32.51	Payee address;City;State;Zip Code1954 Commerce St.				
		Dallas, TX 75201				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Otion			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME	3	Filer ID (Ethics Commission Filers)				
	Sch: 16/49 Rpt: 57/94	Walle Jr., Armando L. (The Honorable)00062108						
4	Date	ayee name						
	12/08/2023	allas Morning News						
6	Amount (\$)	ayee address; City; State; Zip Co	de					
	\$32.51	954 Commerce St.						
		allas, TX 75201						
8	PURPOSE		(b) Decerimtian					
°	OF	ategory (See Categories listed at the top of this schedule)	(b) Description	tside of Texas. Complete Schedule T.				
	EXPENDITURE	abscription		X, officeholder living expense				
			News Subscrip					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ght	Office held				
	Date	ayee name						
	10/30/2023	poorDash						
_	Amount (\$)							
	\$110.95	03 2nd St.						
		an Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name Office sou	ght	Office held				
	Date	ayee name						
	07/13/2023	poorDash						
	Amount (\$)	ayee address; City; State; Zip Co	de					
	\$196.81	03 2nd St.						
	\$100.01							
		an Francisco, CA 94107						
	PURPOSE OF	ategory (See Categories listed at the top of this schedule)	(b) Description					
	EXPENDITURE	ood/Beverage Expense		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ght	Office held				

			EXPENDITURE CATEGORI	IES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			ortation Ed in District Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3 Filer	ID	(Ethics Commission Filers)
-	Sch: 17/49 Rpt: 58/94		Walle Jr., Armando L. (The Honorable)				52108	
4	Date 08/03/2023	5	Payee name Dropbox					
6	Amount (\$) \$212.13	7	Payee address; City; State; 1800 Owens St. San Francisco, CA 94158	Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Software	dule) (b) Description	, TX, officeho	older living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht	C	Office he	eld
	Date		Payee name					
	10/26/2023		Expedia					
	Amount (\$)		Payee address; City; State;	Zip Cod	e			
	\$346.44		1111 Expedia Group Way W. Seattle, WA 98119					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Travel Out of District	dule) (b) Description	, TX, officeho	older living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht	C	Office he	ld
	Date		Payee name					
	11/10/2023		Goodman Campaigns					
	Amount (\$) \$945.00		Payee address; City; State; 211 E 7th St. 620 Austin, TX 78701	Zip Cod	e			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Consulting Expense	dule)	b) Description	, TX, officeho	older living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 18/49 Rpt: 59/94	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 12/15/2023	5 Payee name Goodman Campaigns						
6	Amount (\$) \$1,085.25	7 Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701						
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense sing Consultant Fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/12/2023	Goodman Campaigns						
	Amount (\$) \$1,689.00	Payee address; City; State; Zip Code 211 E 7th St. 620 Austin, TX 78701						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense Sing Consultant Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/31/2023	Greater Pure Light						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 12330 Vickery St.						
		Houston, TX 77039						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	tside of Texas. Complete Schedule T. X, officeholder living expense or District Community Health Fair					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	head/ ense pense ages/0	Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 19/49 Rpt: 60/94		Walle Jr., Armando L. (The Ho	onorable)					00062108		
4	Date 10/24/2023		Payee name Hampton Inn								
6			-	Ctoto	Zin Co	10					
0	Amount (\$) \$37.89	I	Payee address; City; 7930 Jones Branch Dr.	State,	Zip Coo	Je					
	φ37.09										
			1100								
			McLean, VA 22102								
8	PURPOSE	(a)	Category (See Categories listed at the te	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District			ļ				nplete Schedule T.	
						•	x Check if Austin, Hotel in Austi				
									Juning Opec		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office h	eld	
	Date		Payee name								
	10/23/2023		Hampton Inn								
	Amount (\$)	<u> </u>	Payee address; City;	State [.]	Zip Co	1e					
	\$209.30		7930 Jones Branch Dr.	otato,	2.0 000						
	φ200.00		1100								
			McLean, VA 22102								
	PURPOSE OF		Category (See Categories listed at the te	op of this sch	edule)	(b) ו	Description	outoi	de of Toylog, Com	anlata Cabadula T	
	EXPENDITURE		Travel Out of District			I	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense				
						•	Hotel in Austi				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office h	eld	
	Date		Payee name								
	11/07/2023		Hampton Inn								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$270.72		7930 Jones Branch Dr.								
			1100								
			McLean, VA 22102								
	PURPOSE					(h)	Description				
	OF		Category (See Categories listed at the to Travel Out of District	op of this sche	edule)	(U) 	Description Check if travel (outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Traver Out of District			İ	X Check if Austin,				
						Ī	Hotel in Austi	n D	Ouring Spec	ial Session	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID (Ethics Commission Filers)				
_	Sch: 20/49 Rpt: 61/94		Walle Jr., Armando L. (The Honorable)	00062108					
4	Date		Payee name						
	11/07/2023		Hampton Inn						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$349.83		7930 Jones Branch Dr.						
			1100						
			McLean, VA 22102						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District	,			ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Hotel in Aust	in L	During Special Session		
					• -				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	11/28/2023		Harris County Democratic Party						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$500.00		4619 Lyons Ave.						
			Houston, TX 77020						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo			tside of Texas. Complete Schedule T. X, officeholder living expense		
		Candidate/Officenoider/Political Committee					ver Harbor Cares GOTV Fundraiser		
	Complete ONLY if direct	L С	andidate/Officeholder name O)ffice sou	Iht		Office held		
	expenditure to benefit C/OI	н							
	Date		Payee name						
	08/15/2023		Hispanic Officer of the Year Committee	•					
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$500.00	I	1200 Travis St.	1					
	+000100	I	Ste. 1800						
		I	Houston, TX 77002						
	BUBB665				a x = x + x				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			, officeholder living expense		
							iston Police Department Hispanic		
					Officer of the				
-	Complete ONLY if direct	C	andidate/Officeholder name O	office soug	lht		Office held		
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 21/49 Rpt: 62/94	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 12/12/2023	Payee name Hotel Lombardy							
		-							
ľ	Amount (\$)	Payee address; City; State; Zip Code							
	\$208.71	2019 Pennsylvania Ave.							
		Washington, DC 20006							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District	tside of Texas. Complete Schedule T.						
			X, officeholder living expense						
		Hotel while in t	D.C. on Legislative Business						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/15/2023	Houston Gulf Coast Building and Construction Trades Council							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	1301 W. 13th St.							
		Suite D							
		Deer Park, TX 77536							
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	tride of Tourse, Occurrently to October 14 T						
	EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
			Local Labor Organization						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
⊨	Date	Payee name							
	12/07/2023	Houston Zoo							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$679.00	6200 Hermann Park Dr.							
	\$010.00								
		Houston, TX 77030							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF		tside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, T	X, officeholder living expense						
		Houston Zoo L	ights Tickets for Seniors in District						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	,								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Nwards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 22/49 Rpt: 63/94	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 11/15/2023	Payee name Internal Revenue Service						
6								
0	Amount (\$) \$1,281.66	Payee address; City; State; Zip Code 1111 Constitution Ave. NW						
	φ1,201.00							
		Weshington DC 20224						
_		Washington, DC 20224						
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	Itsida of Toylog, Complete Schedule T					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Payroll Taxes						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
⊨	Date	Payee name						
	12/15/2023	Internal Revenue Service						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,281.66	1111 Constitution Ave. NW						
	<i>41,201.00</i>							
		Washington, DC 20224						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/Oł							
-	Date	Payee name						
	08/15/2023	Internal Revenue Service						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,356.66	1111 Constitution Ave. NW						
	φ1,550.00							
		Washington, DC 20224						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
		Payroll Taxes						
_	Complete ONIL V if direct	Candidata/Officebolder.nome	Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transmitter Food/Beverage Expense Polling Expense Transmitter By - Gift/Awards/Memorials Expense Printing Expense Transmitter				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	•		
1	Total pages Schedule F1:	2 FILER NAME 3					Filer ID (Ethics Commission File	ers)	
	Sch: 23/49 Rpt: 64/94	Walle	Jr., Armando L. (The Ho	onorable))			00062108	,
4	Date 09/15/2023	Payee Interna	name al Revenue Service						
6	Amount (\$)	Payee	address; City;	State;	; Zip Co	le			
	\$1,356.66	1111 (Constitution Ave. NW						
		Washi	ngton, DC 20224						
8	PURPOSE OF		ry (See Categories listed at the t		edule)	(b) Description			
	EXPENDITURE	Salarie	es/Wages/Contract Lab	or			η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	lht		Office held	
	Date	Payee	name						
	10/14/2023	Interna	al Revenue Service						
	Amount (\$)	Payee	address; City;	State;	; Zip Co	le			
	\$1,356.66	1111 (Constitution Ave. NW						
		Washi	ngton, DC 20224						
	PURPOSE OF EXPENDITURE		rV (See Categories listed at the t es/Wages/Contract Lab		iedule)		η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	Jht		Office held	
	Date	Payee	name						
	07/15/2023	Interna	al Revenue Service						
	Amount (\$)	Payee	address; City;	State;	; Zip Co	le			
	\$1,983.99	1111 (Constitution Ave. NW						
		Washi	ngton, DC 20224						
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the t es/Wages/Contract Lab		edule)		η, TX,	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Dffice sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
1	Sch: 24/49 Rpt: 65/94	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date 07/24/2023	5 Payee name Internal Revenue Service						
6	Amount (\$) \$485.87	 Payee address; City; State; Zip Code 1111 Constitution Ave. NW Washington, DC 20224 						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
F	Date	Payee name						
	11/15/2023	Judge Victor Trevino Campaign						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1406 Godwin St.						
		Houston, TX 77023						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dnation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
F	Date	Payee name						
	11/15/2023	Judge Victor Trevino Campaign						
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1406 Godwin St.						
		Houston, TX 77023						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dnation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 25/49 Rpt: 66/94	Walle Jr., Armando L. (The Honorable)	00062108					
4	Date	5 Payee name						
	08/31/2023	Kim Rubio for Mayor						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	P.O. Box 2177						
		Uvalde, TX 78802						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee	TX, officeholder living expense					
		Campaign Do	nation					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
ľ	expenditure to benefit C/OI							
⊨	Date							
	10/02/2023	Payee name Lenox 7th						
┝								
	Amount (\$)	Payee address; City; State; Zip Code						
	\$754.86	\$754.86 4910 E. 7th St.						
		Austin, TX 78702						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Rent for Austi						
			, partnent					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	5						
⊨	Date	Payee name						
	10/02/2023	Lenox 7th						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$858.82	4910 E. 7th St.						
		Austin, TX 78702						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		X Check if Austin, Rent for Austi						
			1					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 26/49 Rpt: 67/94	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 07/05/2023	Payee name Lenox 7th							
6	Amount (\$) \$2,580.39	Payee address; City; State; Zip Code 4910 E. 7th St. Austin, TX 78702							
8	PURPOSE OF EXPENDITURE	X Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense r Austin Apartment						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/25/2023	Lenox 7th							
	Amount (\$) \$2,589.07	Payee address; City; State; Zip Code 4910 E. 7th St.							
	PURPOSE OF EXPENDITURE	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense r Austin Apartment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/10/2023	Lenox 7th							
	Amount (\$) \$2,645.57	Payee address;City;State; Zip Code4910 E. 7th St.							
		Austin, TX 78702							
	PURPOSE OF EXPENDITURE	X Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense r Austin Apartment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Glft/Awards/Memorials Expense				Travel in District Travel Out of Distri	upment & Related Expense		
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/49 Rpt: 68/94		e Jr., Armando L. (The Ho	onorable)				00062108	
4	Date 07/25/2023		e name chimp						
6	Amount (\$) \$36.24	675 5000	e address; City; Ponce de Leon Ave. NE) nta, GA 30308	State;	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		GOTY (See Categories listed at the to NATE	op of this sche	edule)		n, TX,	de of Texas. Comple officeholder living e n Software Si	xpense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	С	Office soug	ht		Office held	d
	Date	Paye	e name						
	08/25/2023	Mail	chimp						
	Amount (\$) \$36.24	675 5000	e address; City; Ponce de Leon Ave. NE) nta, GA 30308	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the te NARE	op of this sche	edule)		n, TX,	de of Texas. Comple officeholder living e n Software Si	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held	d
	Date	Paye	e name						
	09/25/2023	Mail	chimp						
	Amount (\$) \$50.10	675 5000	e address; City; Ponce de Leon Ave. NE) nta, GA 30308	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the tr NATE	op of this sche	edule)		ı, TX,	de of Texas. Comple officeholder living e n Software Si	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 28/49 Rpt: 69/94	Walle Jr., Armando L. (The Honorable)	00062108						
4	Date 10/25/2023	Payee name Mailchimp							
6	Amount (\$) \$92.74	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308							
8	PURPOSE OF EXPENDITURE	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ution Software Subscription						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/25/2023	Mailchimp							
	Amount (\$) \$92.74	Payee address;City;State; Zip Code675 Ponce de Leon Ave. NE5000Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ution Software Subscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/25/2023	Mailchimp							
	Amount (\$) \$106.60	Payee address; City; State; Zip Code 675 Ponce de Leon Ave. NE 5000 Atlanta, GA 30308							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ution Software Subscription						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment			mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				T T T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3 F	iler ID	(Ethics Commission File	ers)
	Sch: 29/49 Rpt: 70/94		Walle Jr., Armando L. (The Ho	norable))				00062108	(,
4	Date	5	Payee name								
	09/08/2023		Marriott								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$1,116.83		7750 Wisconsin Ave.								
			Bethesda, MD 20814								
L		<u> </u>									
8	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	nedule)	b) Descrip		utoido	of Toylog Com	alata Cabadula T	
	EXPENDITURE		Travel Out of District						fficeholder living	olete Schedule T.	
									olf Tournar		
							0				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht			Office he	ld	
⊨	Date		Payee name								
	09/11/2023		Navidad en El Barrio								
_	Amount (\$)		Payee address; City;	Stato	; Zip Coo						
			8223 Bo Jack Dr.	State,	, zip cot	le					
	\$510.65		8223 BU JACK DI.								
			Houston, TX 77040								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	nedule)	b) Descrip					
	EXPENDITURE		Contributions/Donations Made							olete Schedule T.	
			Candidate/Officeholder/Politica	Check if Austin, TX, officeholder living expense Donation to District Nonprofit							
						Donalio		ISUIC	ct Nonprom	L	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Ĺ	Office soug	nt			Office he	91 0	
F	Date		Payee name								
	09/29/2023		Precinct2Gether								
	Amount (\$)		Payee address; City;	State	; Zip Coo	e					
	\$250.00		P.O. Box 57506	otato,	, בוף סטנ						
	φ200.00		1.0. Box 91300								
			Webster, TX 77598								
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	nedule)	(b) Descrip	otion				
	OF		Contributions/Donations Made		,	Check	k if travel o	utside	of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Politica		nittee				fficeholder living		
						Donatio	on to To	our	de Northsic	le Event in District	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht			Office he	ld	
	expenditure to benefit C/OI	Н									

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)	
	Sch: 30/49 Rpt: 71/94	Walle Jr., Armando L. (The Honorable)	00062108	
4	Date 07/15/2023	5 Payee name QuickBooks Payments		
6	Amount (\$) \$90.61	 Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043 		
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ftware Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	08/15/2023	QuickBooks Payments		
	Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.		
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense	
			ftware Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	09/15/2023	QuickBooks Payments		
	Amount (\$) \$92.74	Payee address; City; State; Zip Code 2700 Coast Ave.		
		Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ftware Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
_	Sch: 31/49 Rpt: 72/94	Walle Jr., Armando L. (The Honorable)	00062108		
4	Date	Payee name			
	10/15/2023	QuickBooks Payments			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$92.74	2700 Coast Ave.			
		Mountain View, CA 94043			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	intion		
-	OF		eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		eck if Austin, TX, officeholder living expense		
		Accounting Software Subscription			
9	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
	Date	Payee name			
	11/15/2023	QuickBooks Payments			
⊢	Amount (\$)	Payee address; City; State; Zip Code			
	\$92.74	2700 Coast Ave.			
		Mountain View, CA 94043			
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descri			
	EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense		
			unting Software Subscription		
⊢	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				
-	Date Payee name				
	12/15/2023	QuickBooks Payments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$92.74	2700 Coast Ave.			
	+• -				
		Mountain View, CA 94043			
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	iption		
	OF EXPENDITURE	Accounting/Banking	eck if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE		eck if Austin, TX, officeholder living expense		
		Αссоι	unting Software Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held		

		EXPENDITURE	CATEGORIES FO	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ttee Legal Services The Instruction Guid	Office O Polling E kpense Printing Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	LER NAME	-	-	3 Filer ID (Ethics Commission Filers)
_	Sch: 32/49 Rpt: 73/94	alle Jr., Armando L. (The H	lonorable)		00062108
4	Date	ayee name			
	10/24/2023	uickBooks Payments			
6	Amount (\$) \$94.65	ayee address; City; 700 Coast Ave. ountain View, CA 94043	State; Zip C	ode	
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ccounting/Banking	top of this schedule)	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Software Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ught	Office held		
	Date	ayee name			
	12/08/2023	chard Cantu Campaign			
	Amount (\$) \$100.00	ayee address; City; O. Box 91334	State; Zip C	ode	
		ouston, TX 77291			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ontributions/Donations Mad andidate/Officeholder/Politie	le By		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Onation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held
	Date	ayee name			
	12/08/2023	chard Cantu Campaign			
	Amount (\$) \$1,000.00	ayee address; City; O. Box 91334	State; Zip C	ode	
		ouston, TX 77291			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the ontributions/Donations Mad andidate/Officeholder/Politie	le By		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Onation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office so	ught	Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 33/49 Rpt: 74/94		Walle Jr., Armando L. (The Honorable)				00062108
4	Date 12/20/2023	5	Payee name Ruelas, Samantha				
6	Amount (\$) \$500.00	7	Payee address; City; State; 460 Bastrop Hwy S. 220 Austin, TX 78741	Zip Co	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ıht		Office held
	Date		Payee name				
	12/20/2023		Saldivar, Myriam				
	Amount (\$) \$500.00		Payee address; City; State; 4819 Breckenridge Dr.	Zip Co	de		
			Houston, TX 77066				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ıht		Office held
	Date		Payee name				
	09/01/2023		Santucci, Cara				
	Amount (\$) \$1,060.42		Payee address; City; State; 2307 Barton Village Circle 104 Austin, TX 78704	Zip Co	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Jht		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/49 Rpt: 75/94	Walle Jr., Armando L. (The Honorable)	00062108
4	Date 11/01/2023	5 Payee name Santucci, Cara	
6	Amount (\$) \$1,135.42	 7 Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704 	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/29/2023	Santucci, Cara	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,350.67	2307 Barton Village Circle	
		104 Austin, TX 78704	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/20/2023	Santucci, Cara	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2307 Barton Village Circle 104 Austin, TX 78704	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	xpense Wages/Contract Lab	ense bor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 35/49 Rpt: 76/94		Walle Jr., Armando L. (The Honorable)			00062108			
4	Date 08/01/2023	5	Payee name Santucci, Cara							
6	Amount (\$) \$1,060.42		Payee address; City; State 2307 Barton Village Circle 104 Austin, TX 78704	; Zip Cc	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)		f travel out: f Austin, T>	side of Texas. Complete Schedule T. X, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght		Office held			
	Date		Payee name							
	12/01/2023		Santucci, Cara							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$1,135.42		2307 Barton Village Circle							
			104 Austin, TX 78704							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)		f travel out: f Austin, TX	side of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught		Office held			
	Date		Payee name		-					
	12/29/2023		Santucci, Cara							
	Amount (\$) \$1,356.92		Payee address; City; State 2307 Barton Village Circle 104 Austin, TX 78704	; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)		f travel outs f Austin, T>	side of Texas. Complete Schedule T. X, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held			

			EXPENDITURE CAT	EGOR	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
1	Sch: 36/49 Rpt: 77/94		Walle Jr., Armando L. (The Honor	able)			3	00062108			
4	Date	5	Payee name								
	12/29/2023		Santucci, Cara								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	e					
	\$1,526.56		2307 Barton Village Circle								
			104								
		.	Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule) (I	b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor		,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						, TX,	officeholder living expense			
						Staff Salary					
_			andidate (Office helder name	0		-4					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	O	ffice sougl	11		Office held			
	Date		^D ayee name								
	12/11/2023		Southwest Airlines								
	Amount (\$)		Payee address; City;	State;	Zip Cod	Э					
	\$592.90	:	2702 Lovefield Dr								
			Dallas, TX 75235								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule) (I) Description					
	OF EXPENDITURE	·	Travel Out of District					de of Texas. Complete Schedule T.			
	-							officeholder living expense n Legislative Business			
						Haver to D.C	. 01	The Englishative Dusiness			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice sougl	nt		Office held			
	Date		Payee name								
	10/13/2023		Spring Branch Community Health	Cente	er						
	Amount (\$)				Zip Cod	2					
	\$250.00		1905 Jacquelyn Dr.	o tato,	2.p 000	-					
			Houston, TX 77055								
	PURPOSE OF		Category (See Categories listed at the top of		edule) (I	Description					
	EXPENDITURE		Contributions/Donations Made By		#***			de of Texas. Complete Schedule T. , officeholder living expense			
		'	Candidate/Officeholder/Political C	ommi	llee	Donation to E					
						to L					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice sougl	nt		Office held			

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Legal Service	je Expense Iemorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportatio Travel in Dis Travel Out of	
1	Total pages Schedule F1:	2 FIL	ER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 37/49 Rpt: 78/94		lle Jr., Armando L	. (The Honorable)			0006210	8
4	Date 09/26/2023		vee name rling Data Compa	ny				
6	Amount (\$) \$900.00	500 922	ree address; Cit) Westover Dr 215 nford, NC 27330	y; State;	Zip Cod	9		
8	PURPOSE OF EXPENDITURE		egory _{(See Categories} icitation/Fundraisi		edule) (Check if Austin	n, TX, officeholder li	Complete Schedule T. iving expense ng Target List
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder n	ame C	Office soug	nt	Office	e held
	Date	Pay	vee name					
	10/06/2023	Sw	itchboard					
	Amount (\$) \$54.29		vee address; Cit D. Box 33485	y; State;	Zip Cod	9		
	PURPOSE OF EXPENDITURE	(a) Cat	shington, DC 200 egory (See Categories icitation/Fundraisi	listed at the top of this sch	edule) (Check if Austin	n, TX, officeholder li	Complete Schedule T. iving expense for Fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder n	ame C	Office soug	nt	Office	e held
	Date	Pay	vee name					
	12/06/2023	Sw	itchboard					
	Amount (\$) \$76.33		vee address; Cit D. Box 33485	y; State;	Zip Cod	9		
			shington, DC 200					
	PURPOSE OF EXPENDITURE		egory _{(See Categories} icitation/Fundraisi		edule) (Check if Austin	n, TX, officeholder li	Complete Schedule T. iving expense for Fundraising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder n	ame C	Office soug	nt	Office	e held

			E	EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift// Imittee Lega	It Expense //Beverage Expense Awards/Memorials Ex I Services Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expens	se
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 38/49 Rpt: 79/94	1	Walle Jr., Arma	ndo L. (The H	onorable))		-	00062108		/
4	Date 11/08/2023		Payee name Switchboard								
6	Amount (\$)		Payee address;	City;	Stata:	Zip Cod	2				
o	\$77.68		Payee address, P.O. Box 33485 Washington, D0	5	State,	, zip Cou	e				
8	PURPOSE	<u> </u>	-				b) Deceriation				
0	OF		Category _{(See Ca} Solicitation/Fun			edule)		η, TX,	le of Texas. Comp officeholder living Service for	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeho	older name	C	Office soug	ht		Office he	ld	
	Date		Payee name								
	07/26/2023		Texas Democra	atic Party							
	Amount (\$)		Payee address;	City;	State;	Zip Cod	e				
	\$1,300.00		P.O. Box 15707 Austin, TX 7870								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Ca} Fees		top of this sch	edule)		η, TX,	de of Texas. Comp officeholder living Network Sul	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeho	older name	C	Office soug	ht		Office he	ld	
-	Date	1	Payee name								
	12/26/2023		Texas Latinx Ju	Idges							
	Amount (\$)		Payee address;	City;	State [.]	Zip Cod	<u>م</u>				
	\$500.00		P.O. Box 90683	-	State,	210 000					
			San Antonio, T	X 78209							
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Contributions/D Candidate/Offic	onations Made	е Ву	,		η, TX,	de of Texas. Comp officeholder living profit Organi	expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeho	older name	C	Office soug	ht		Office he	ld	

			EXPENDITURE CATEGO	ORIES FOI	R BC	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	se s/Contract Labor	Solicitation/Fundraising E Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	t & Related Expense	
1	Total pages Schedule F1:	2					2	Filer ID (Ethic	s Commission Filers)
1	Sch: 39/49 Rpt: 80/94		Walle Jr., Armando L. (The Honorabl	e)				00062108	
4	•		· · · · · · · · · · · · · · · · · · ·					00002100	
4	Date 12/19/2023		Payee name Uber						
6	Amount (\$) \$3.13		Payee address; City; Stat 1455 Market St. #400 San Francisco, CA 94103	te; Zip Co	ode				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel In District	chedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Sch officeholder living expense on Legislative Bu	e
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	12/14/2023		Uber						
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode				
	\$6.31		1455 Market St. #400 San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel In District	chedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Sch officeholder living expense on Legislative Bu	e
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	12/19/2023		Uber						
	Amount (\$) \$11.68		Payee address; City; Stat 1455 Market St. #400 San Francisco, CA 94103	ie; Zip Co	ode				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel In District	chedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Sch officeholder living expense on Legislative Bu	è
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held	

			EXPENDITURE	CATEGO	RIES FOR	во	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense
1	Total pages Schedule F1:	2		•		·		3	Filer ID (I	Ethics Commission Filers)
-	Sch: 40/49 Rpt: 81/94		Walle Jr., Armando L. (The He	onorable))			-	00062108	
4	Date	5	Payee name							
	12/10/2023		Uber							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$20.56		1455 Market St.							
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the t	on of this och	odula)	(b)	Description			
	OF		Travel In District	op of this sch	iedule)	(~)	· ·	outsio	de of Texas. Complet	te Schedule T.
	EXPENDITURE						Check if Austin,	, тх,	officeholder living ex	pense
							Travel in Dist	rict	on Legislative	e Business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght			Office held	
	Date		Payee name							
	12/10/2023		Uber							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$22.27		1455 Market St.	olulo,	, <u>Lip</u> 00					
	ΨΖΖ.ΖΙ									
			#400							
			San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Travel In District	top of this sch	edule)		Check if Austin,	, TX,	de of Texas. Complei officeholder living ex on Legislative	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	12/14/2023		Uber							
-	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$23.01		1455 Market St.	e tato,	, <u></u> p ee					
	\$20.01									
			#400							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the t	top of this sch	edule)	(b)	Description			
	EXPENDITURE		Travel In District						de of Texas. Complet	
									officeholder living ex on Legislative	
							πανεί πι DISL	nul	UN LEGISIALIVE	
	Complete <u>ONLY</u> if direct		andidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	1								

		EXPENDITURE CATEGORIES FOR	BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/49 Rpt: 82/94	Walle Jr., Armando L. (The Honorable)	00062108
4		Payee name	·
	12/20/2023	Uber	
6	Amount (\$) \$24.43	Payee address; City; State; Zip Cod 1455 Market St. #400 San Francisco, CA 94103	e
8	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Travel in District on Legislative Business
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht Office held
	Date	Payee name	
	12/19/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$30.51	1455 Market St.	
		#400	
		San Francisco, CA 94103	
	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Travel in District on Legislative Business
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht Office held
	Date	Payee name	
	12/16/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$32.27	1455 Market St.	
		#400	
		San Francisco, CA 94103	
-	PURPOSE		b) Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Travel in District on Legislative Business
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht Office held

			EXPENDITURE CATE	GORIES	SFOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expl	Offi Pol Prir Sal	ice Overh Iling Expe nting Expe Iaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	·				3	Filer ID (Ethics Commission Filers)
-	Sch: 42/49 Rpt: 83/94		Walle Jr., Armando L. (The Honora	able)			ľ	00062108
4	Date		Payee name					
	12/16/2023		Uber					
6	Amount (\$)			State; Zi	p Cod	9		
	\$37.33		1455 Market St.					
			#400					
			San Francisco, CA 94103					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	iis schedule	_{e)} (I	Description		
	OF EXPENDITURE		Travel In District					de of Texas. Complete Schedule T. officeholder living expense
								on Legislative Business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougl	nt		Office held
	Date		Payee name					
	12/14/2023		Uber					
	Amount (\$)		Payee address; City; S	State; Zi	p Cod	9		
	\$55.20		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule	.) () Description		
	OF EXPENDITURE		Travel In District		.,		outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						I ravel in Disi	rict	on Legislative Business
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougl	nt		Office held
	Date		Payee name					
	12/21/2023		Uber					
	Amount (\$)		Payee address; City; S	State; Zi	p Cod	9		
	\$0.75		1455 Market St.					
			#400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule	e) (I) Description		
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.
								officeholder living expense
						Travel while	III L	O.C. on Legislative business
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougl	nt		Office held

			EXPENDITURE CA	ATEGOR	RIES FOF	BC)X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
1	Sch: 43/49 Rpt: 84/94		Walle Jr., Armando L. (The Hon	orable))				00062108
4	Date	5	Payee name						
	12/21/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$22.54		1455 Market St.						
			#400						
			San Francisco, CA 94103						
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	edule)	(b)	Description		
	EXPENDITURE		Travel Out of District						de of Texas. Complete Schedule T. , officeholder living expense
									D.C. on Legislative business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice sou	ght			Office held
	Date		Payee name						
	12/22/2023		Uber						
				Ctoto		do			
	Amount (\$)		Payee address; City;	State,	; Zip Co	ue			
	\$26.75		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this sch	edule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense D.C. on Legislative business
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	12/21/2023		Uber						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$27.76		1455 Market St.						
			#400						
			San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this sch	iedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense D.C. on Legislative business
-	Complete ONLY if direct	<u>_</u>	andidate/Officeholder name	ſ	Office sou	nht			Office held
	expenditure to benefit C/OI			C	500 SUU	ynt			

			EXPENDITURE CATEGO	ORIES FOR	R BC	DX 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 The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense	
1	Total pages Sebadula E1:	2	· · · · · ·	3 1100 10 00	mpic		2	Filer ID	(Ethics Commission Filers)	
1	Total pages Schedule F1:			c)			3			
	Sch: 44/49 Rpt: 85/94		Walle Jr., Armando L. (The Honorable	e)				00062108		
4	Date 12/22/2023	5	Payee name Uber							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$42.10 1455 Market St.									
			#400							
			San Francisco, CA 94103							
8	PURPOSE	(0)			(h)	Description				
ð	OF	(a)	Category (See Categories listed at the top of this se	chedule)	(u)	Description	outsi	de of Texas, Comple	ete Schedule T	
	EXPENDITURE		Travel Out of District					officeholder living e		
						Travel while i	in D	.C. on Legisl	ative business	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held	d	
	Date		Payee name							
	12/13/2023		Uber							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	nde					
	\$74.47		1455 Market St.	.c, zip cc	Juc					
	ψ14.41									
			#400							
			San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Travel Out of District	chedule)	(b)	Check if Austin	, TX,	de of Texas. Comple officeholder living e D.C. on Legisla		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l Ight			Office held	d	
	Date		Payee name							
	12/19/2023		United Airlines							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	nde					
	\$27.00		233 S. Wacker Dr.	.c, 2ip 00	Juc					
			Chicago, IL 60606		-					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this se Travel Out of District	chedule)	(b)	Description X Check if travel Check if Austin Check if Austin Travel to D.C D.C	, TX,	officeholder living e	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	-			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 45/49 Rpt: 86/94		Walle Jr., Armando L. (The Honora	able)				00062108	
4	Date	5	Payee name						
	12/12/2023		United Airlines						
6	Amount (\$)	7	Payee address; City; S	State;	Zip Cod	е			
	\$34.00		233 S. Wacker Dr.						
			Chicago, IL 60606						
8	DUDDOSE	(0)	-						
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of th	his sched	dule)	b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District					, officeholder living expense	
						Travel to D.C	:. oi	n Legislative business	
								0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice soug	nt		Office held	
	Date		Payee name						
	12/19/2023		United Airlines						
		<u> </u>		Stata:	Zip Cod	2			
	Amount (\$)			state,	Zip Cou	e			
	\$34.00		233 S. Wacker Dr.						
			Chicago, IL 60606						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Travel Out of District	his sched	_{dule)} (Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense n Legislative business	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	nt		Office held	
	Date		Payee name						
	12/12/2023		United Airlines						
	Amount (\$)		Payee address; City; S	State:	Zip Cod	e			
	\$338.91		233 S. Wacker Dr.	stato,	p 000	-			
	\$550.51								
			Chicago, IL 60606						
	PURPOSE	(a)	Category (See Categories listed at the top of th	his sched	dule) (b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Travel to D.C	. 01	n Legislative business	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 46/49 Rpt: 87/94		Walle Jr., Armando L. (The Honorable)	1			00062108		
4	Date 12/19/2023		Payee name United Airlines						
6	Amount (\$) \$792.20		Payee address; City; State; 233 S. Wacker Dr. Chicago, IL 60606	Zip Co	de				
8	PURPOSE OF EXPENDITURE	DF Travel Out of District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	11/28/2023		Vargas, Stephanie						
	Amount (\$) \$1,500.00		Payee address; City; State; 3715 Pine Meadow Lane	Zip Co	de				
			Houston, TX 77039						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	,	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense f Event Sponsorships		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	10/17/2023		Zoom						
	Amount (\$) \$639.18		Payee address; City; State; 55 Almaden Blvd. 6th Floor San Jose, CA 95113	Zip Co	ode				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Software	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense Video Conferencing Software		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 47/49 Rpt: 88/94	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date	5 Payee name								
	07/01/2023	eRenterPlan								
6	Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200								
		Irvine, CA 92618								
8	PURPOSE OF EXPENDITURE	F Insurance								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/31/2023	eRenterPlan								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$31.08	7585 Irvine Center Dr. 200 Irvine, CA 92618								
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense rance for Austin Apartment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/31/2023	eRenterPlan								
	Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618								
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense rance for Austin Apartment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 48/49 Rpt: 89/94	Walle Jr., Armando L. (The Honorable)	00062108							
4	Date	Payee name								
	10/01/2023	eRenterPlan								
6	Amount (\$) \$31.08	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Insurance (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/31/2023	eRenterPlan								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$31.08	7585 Irvine Center Dr. 200 Irvine, CA 92618								
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense rance for Austin Apartment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/01/2023	eRenterPlan								
	Amount (\$) \$31.09	Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618								
	PURPOSE OF EXPENDITURE	X Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense rance for Austin Apartment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District
Cledit Cald Fayment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/49 Rpt: 90/94	Walle Jr., Armando L. (The Honorable)00062108
Date 12/31/2023	5 Payee name eRenterPlan
Amount (\$) \$31.09	7 Payee address; City; State; Zip Code 7585 Irvine Center Dr. 200 Irvine, CA 92618 Invine, CA 92618
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Insurance (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renter's Insurance for Austin Apartment
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Accounting/Bainking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment Total pages Schedule F1: Sch: 49/49 Rpt: 90/94 Date 12/31/2023 Amount (\$) \$31.09 PURPOSE OF EXPENDITURE

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

The Inst	ruction (Guide explains	how to complete	this form.	1 Total pages Schedule T: Sch: 1/4 Rpt: 91/94						
2 FILER NAME					3 Filer ID (Ethics Commission Filers)						
Walle Jr., Armar	ndo L. (Th	e Honorable)		00062108							
4 Name of Contribut	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
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	Means of transportation Purpose of travel (including name of conference, seminar, or other event)										
Commercial Automobile White House Christmas Party											

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