#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081747 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Danilo NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Danny Lacayo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Virginia P. NAME NICKNAME LAST **SUFFIX** Brown **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 326-2506 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 182 Harris Criminal District Court Judge District 182nd

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Lacayo, Danilo (The	<b>14</b> Filer ID (I 00081747	Ethics Commission Filers	;)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the cholder's knowledge or tice of such expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS	\$ 0.0	00							
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 2,000.0	00				
EXPENDITURE TOTALS		\$ 0.0	00						
		\$ 4,036.7	'8						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 518.3	8;				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.0	)0				
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	of perjury, that the acc Il information required to	ompanying report is to be reported by me					
		The Hon	orable Danilo Lacayo	)					
			Candidate or Officehold						
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath					

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

			JVER ONEE	3 of 13		
18 FILER NA Lacayo,	ME Danilo (The Honorable)	<b>19</b> Filer ID 00081747	(Ethics Commission	ı Filers)		
l	LE SUBTOTALS  SCHEDULE		SUBTOTAL A	MOUNT		
1. X	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	4,036.78		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	MONET	SCHEDULE A(J)1			
	The Instru	Fotal pages Schedule A(J)1: Sch: 1/1 Rpt: 4/13			
2	FILER NAME			3 F	Filer ID (Ethics Commission Filers)
	Lacayo, Dan	ilo (The Honorable)		0	00081747
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 A	Amount of Contribution (\$)
	11/13/2023	Corral, Adam (Mr.)			\$2,000.00
		6 Contributor address; City; State; Zip Code			
		Houston, TX 77002			
8		Principal Occupation	9 Contributor's Job Title		
	Attorne		Attorne		
10		employer/law firm	11 Law firm of contributor's sp	oouse	(if any)
	Corral Firm	s a child, law firm of parent(s) (if any)			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 5/13	Lacayo, Danilo (The Honorable)		00081747
4	Date	5 Payee name		-
	10/19/2023	Argentina Cade Empanada Factory		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$60.50	3833 Southwest Frwy		
		Houston, TX 77027		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Team building lunch at courthouse for 182nd JDC staff
_	Complete ONLY if direct	Condidate/Officeholder name Office count	hŧ	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ΠL	Office held
_				
	Date	Payle of America		
	12/01/2023	Bank of America		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$16.00	1905 West Grey		
		Houston, TX 77019		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Monthly Bank Fee from BOA
				•
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	10/02/2023	Bank of America		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$16.00	1905 West Grey		
		Houston, TX 77019		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	IJ,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ Accounting/Bariking		Check if Austin, TX, officeholder living expense
				Monthly Fee for Business Adv. Fundamentals
				account
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

#### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	a category not listed abo	ove)
	Credit Card F dyment			The Instruction G	uide explains h	now to coi	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/9 Rpt: 6/13		Lacayo, Dar	nilo (The Honor	rable)					00081747		
4	Date	5	Payee name									
	09/01/2023		Bank of Ame	erica								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$16.00		1905 West 0	Grey								
			Houston, TX	77019								
8	PURPOSE	⊢					(b)	Description				
ľ	OF		Accounting/I	e Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Accounting/i	Janking				<b>=</b>		officeholder livin		
								Monthly Bank		count fee E	Business Adv.	
								Fundamental	S			
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/01/2023		Bank of Ame	erica								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$16.00		1905 West 0	Grey								
			Houston, TX	77019								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/I			,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			-				<b>—</b>		officeholder livin		
								Monthly Fee I	Bus	siness Adv.	Fundamentals	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	07/03/2023		Bank of Ame	erica								
	Amount (\$)	ı	Payee addres	•	State;	Zip Co	de					
	\$16.00		1905 West 0	Grey								
			Houston, TX	77019								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/I	Banking				ш			nplete Schedule T.	
	-							Monthly Fee 1		officeholder livin		
								Fundamental		account bu	Siliess Auv.	
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		za ididale/OIII	cholder Haille	O	muc suuļ	giil			Office II	Ciu	
_												
1												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee L	egal Services	•		ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
	·			The Instruction G	uide explains r	now to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/9 Rpt: 7/13	<u> </u>	Lacayo, Dan	ilo (The Honor	able)					00081747		
4	Date	5 F	Payee name									
	12/14/2023	(	CVS Pharma	асу								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$19.99	4	402 West Gr	ay								
			Houston, TX	77002								
8	PURPOSE	(a)	Category <sub>(See</sub>	Categories listed at	the top of this sche	edule)	(b)	Description				
	OF		Food/Bevera			,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			J .				Check if Austin	, TX,	officeholder livi	ng expense	
								Coffee Pods	for	Juror use		
9	Complete ONLY if direct		andidate/Offic	eholder name	0	office sou	ght			Office I	neld	
	expenditure to benefit C/OI	н										
	Date		Payee name									
	12/26/2023	(	Corral, Adan	n (Mr.)								
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	de					
	\$2,015.00	] :	1217 Praire	St								
		;	Suite 200									
		Ι,	Houston, TX	77002								
_	PURPOSE	-				I	/h)	Description				
	OF			Categories listed at		edule)	(D)	Description  Check if travel	nutsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	'	Loan керауг	ment/Reimburs	sement			<b>-</b>		officeholder livi		
								Return of dor	nati	on to A. Co	orral. \$15.00 to	BOA for
								check fee. do	ona	ition not pe	rmissible returr	ned
	Complete ONLY if direct		andidate/Offic	eholder name	0	Office souç	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/23/2023	(	Go Daddy O	perating Comp	oany							
	Amount (\$)		Payee address	s; City;	State;	Zip Cod	de					
	\$140.94	:	2150 E Warr	ner								
		-	Tempe, AZ 8	35284								
	PURPOSE	(a) (	Category (Sad	Categories listed at	the ton of this sche	edule)	(b)	Description				
	OF		Advertising E		and top or and done	suu.o,			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		<b>J</b>	,				Check if Austin	, TX,	officeholder livi	ng expense	
											cy protection pla	an
								(LacayoforJu	age	e.com)		
	Complete ONLY if direct		andidate/Offic	eholder name	0	Office souç	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
l												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 8/13	Lacayo, Danilo (The Honorable) 00081747
4	Date	5 Payee name
	10/31/2023	HEB #744
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.98	3663 Washington Ave. Suite 100
		Houston, TX 77007
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee for jury use
		Control for justy doc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	09/12/2023	HEB #744
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.92	3663 Washington Ave
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Coffee Supplies and pastry for jurors of 182nd
		Judicial District Court
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	Davisa sama
	Date 10/19/2023	Payee name  Harris County Democratic Porty
		Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4711 Kelley St
		Houston, TX 77026
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  JRR donation ticket
		JAN donation ticket
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide explai	Salaries/Wa	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	 F			3	Filer ID	(Ethics Commission Filers)
	Sch: 5/9 Rpt: 9/13	1	anilo (The Honorable)				00081747	,
4	Date	5 Payee name	)					
	10/19/2023		nty Democratic Party					
6	Amount (\$) \$100.00	7 Payee addre		ate; Zip Cod	e			
		Houston, T	X 77026					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (	<b>b)</b> Description			
	OF EXPENDITURE	Fees					de of Texas. Com	
					JRR donation		officeholder living	
					JRR donation	ı uc	ket to event	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	ht		Office he	eld
	Date	Payee name	1					
	10/18/2023	1 1	nty Democratic Party					
	Amount (\$)	Payee addre		ate: Zip Cod	Δ			
	\$100.00	4711 Kelle	•	ale, Zip Cou	C			
		Houston, T	X 77026					
	PURPOSE OF	(a) Category (s	See Categories listed at the top of this	schedule) (	b) Description			
	EXPENDITURE	Fees			<u> </u>		de of Texas. Comp officeholder living	
					JRR donation			
					SIXIX donado	ıuc	one to event	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	ht		Office he	eld
	Date	Payee name	1					
	12/11/2023	Kroger Gro						
	Amount (\$)	Payee addre		ate; Zip Cod				
	\$35.98	10306 S. P	•	ate, 21p 000	C			
		Houston, T	X 77035					
	PURPOSE OF	(a) Category (S	See Categories listed at the top of this	schedule) (	b) Description			
	EXPENDITURE	Food/Beve	rage Expense				de of Texas. Com	
							officeholder living	ray for jury for 182nd
					Judicial Distr			ray for jury for 162ffd
	Complete ONLY if direct	L Candidate/Off	ficeholder name	Office soug	ht		Office he	eld
	expenditure to benefit C/OI		-	<del>- 9</del>				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 10/13	Lacayo, Danilo (The Honorable) 00081747
4	Date	5 Payee name
	12/04/2023	Kroger's
6	Amount (\$) \$53.37	7 Payee address; City; State; Zip Code 10306 S Post Oak
		Houston, TX 77035
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  coffee and utensils for jury use for 182nd
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	Mexican American Bar Association
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 303
		Houston, TX 77001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Individual ticket to MABA 2023 GALA
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2023	Pappadeaux
	Amount (\$) \$200.47	Payee address; City; State; Zip Code 2525 S Loop W
		Houston, TX 77054
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Holiday gathering for court of 182nd Judicial District Court
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/9 Rpt: 11/13	2 FILER NAME Lacayo, Danilo (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081747
4	Date 11/13/2023	5 Payee name Piryx
6	Amount (\$) \$158.30	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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  Fee from donation from Adam Corral. Donation returned but fee not refunded
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/02/2023	Payee name QRFY.COM SANT GUGAT
	Amount (\$) \$3.98	Payee address; City; State; Zip Code W3 Business STQ 2017 S.LU Avenida Cerdanyola Sant Cuget Del Valles 08172 Spain
	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  QRFY international transaction fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/02/2023	Payee name QRFY.COM SANT GUGAT
	Amount (\$) \$132.73	Payee address; City; State; Zip Code W3 Business STQ 2017 S.LU Avenida Cerdanyola Sant Cuget Del Valles 08172 Spain
	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  Quarterly plan fee for QRFY
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

1 Total pages Schedule F1: Sch: 8/9 Rpt: 12/13 Lacayo, Danilo (The Honorable)  5 Payee name QRFY.COM SANT GUGAT  6 Amount (\$) \$4.10  7 Payee address; City; State; Zip Code W3 Business STQ 2017 S.LU Avenida Cerdanyola Sant Cuget Del Valles 08172 Spain  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction fee for QRFY code	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
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Check if travel outside of Texas. Complete Schedule T.	8	PURPOSE	(a)			•	1	(h)	Description				
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PURPOSE OF EXPENDITURE  Payee name O7/28/2023  Amount (\$)  Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) O7/28/2023  Amount (\$)  Payee address; City; State; Zip Code W3 Business STQ 2017 S.LU Avenida Cerdanyola Sant Cuget Del Valles 08172 Spain  (b) Description Candidate/Officeholder name Office sought Office for donations.  Complete QNLY if direct expenditure to benefit C/OH  Payee address; City; State; Zip Code  QRFY quarterly invoice fee for donations.  Complete QNLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name O7/28/2023  Amount (\$)  Payee address; City; State; Zip Code  Payee address; City; State; Zip Code  Payee address; City; State; Zip Code  Complete QNLY if direct of the control of		EXPENDITURE		, wertising	-vhense				_				
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/9 Rpt: 13/13	Lacayo, Danilo (The Honorable)	00081747
4	Date	5 Payee name	
	12/11/2023	Treebards	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$291.03	1117 Texas Ave	
	Ψ231.03	III TEXAS AVE	
L		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
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