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) 00082184 48 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Amanda NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Reichek 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 ΜI **TREASURER** Kathy NAME NICKNAME LAST **SUFFIX** Tiritelli **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** (214) 505-6398 **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 11/05/2024 χ General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 10 District 5

11 OFFICE

OFFICE HELD (if any)

Court Of Appeals, Justice Place 10 District 5

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 48

13 C / OH NAME	Reichek , Amanda (T	he Honorable)	14 Filer ID 00082184	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politic These expenditures may have been m d officeholders are required to report thi	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR		
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(O ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 26,564.59
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLIT		\$ 25,807.13	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 129,304.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING ITING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			under penalty of perjury, that the acc d includes all information required t ction Code.	
			The Honorable Amanda Reich	ek
			Signature of Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal		
Signature of office	er administering oath	Printed name of officer administe	ring oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER S	3 of 48
	ILER N	AME , Amanda (The Honorable)	19 Filer ID 00082184	(Ethics Co	ommission Filers)
		LE SUBTOTALS		SUB	TOTAL AMOUNT
	IAME O	SCHEDULE			
1	. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	25,875.00
2	. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	689.59	
3	. 🗆	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4	. 🔲	SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	25,807.13	
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		\$	
1	0.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/48
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 11/13/2023	5 Full name of contributor Baker Botts Amicus Fur6 Contributor address; City;			7	Amount of Contribution (\$) \$5,000.00
		Dallas, TX 75201				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	11/07/2023 Bobier, Kila Contributor address; City; State; Zip Code				\$100.00	
		Dallas, TX 75201				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	MDZ Legal (• A			
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/27/2023	Cooper, Kirk				\$50.00
		Contributor address; City; El Paso, TX 79925	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Cooper App	eals PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/12 Rpt: 5/48
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 11/07/2023	5 Full name of contributor Cox, Sean6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75313		_		
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		Of and
10		employer/law firm of Sean R Coz		11 Law firm of contributor's sp	oous	ве (іт апу)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/15/2023 Cox, Trey Contributor address; City; State; Zip Code				\$500.00	
		Dallas, TX 75225				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Gibson Duni					
	If contributor is	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/15/2023	Crain, Bill				\$50.00
		Contributor address; City; Dallas, TX 75238				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Not Employe	ed		Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/12 Rpt: 6/48
2	FILER NAME Reichek, Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 11/09/2023	5 Full name of contributorCrawford Wishnew Lan6 Contributor address; City;	-		7	Amount of Contribution (\$) \$500.00
		Dallas, TX 75201				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/30/2023 Curry, James Contributor address; City; State; Zip Code Dallas, TX 75214					\$100.00
				I 0		
	Not Employe	Principal Occupation		Contributor's Job Title Not Employed		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
	Not Employe			Law iiiii or contributor 3 3	Jou.	se (ii diiy)
		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
11/09/2023 Estes, Dawn Contributor address; City; State; Zip Code Dallas, TX 75218				\$1,000.00		
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Estes Thorn	e Ewing & Payne				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1 1/12 Rpt: 7/48	l:
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3 Filer ID 00082) (Ethics Commissi 2184	on Filers)
4	Date 11/09/2023	5 Full name of contributor Godwin, Don6 Contributor address; City;	out-of-state PAC (ID#:		7 Amoun	nt of Contribution (\$)	\$5,000.00
		Dallas, TX 75229					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's Godwin Bow	employer/law firm /man		11 Law firm of contributor's sp	oouse (if any	y)	
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)	1			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	11/09/2023 Greenberg Traurig LLP Contributor address; City; State; Zip Code					(,)	\$1,000.00
		Dallas, TX 75201					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any	у)	
	If contributor is	s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	nt of Contribution (\$)	
	10/10/2023	Griggs, Steven Contributor address; City; Dallas, TX 75206	State; Zip Code				\$100.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	Law Office o	f Steven M Griggs					
	If contributor is	s a child, law firm of parent(s) (if	fany)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/48
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 10/19/2023	Full name of contributor Gruber, Mike Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75201				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
10	Greenberg T		: \			
12	i ii contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/09/2023 Holland and Knight Contributor address; City; State; Zip Code					\$1,000.00
	Contributor's I	Dallas, TX 75201 Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/08/2023	Holllingsworth, Cynthia				\$100.00
		Contributor address; City; Signature Contributor Contributo	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hollingswort	h Walker				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/48
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 10/09/2023	5 Full name of contributor Illich, Niles6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75244				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Scott H Paln	employer/law firm ner PC		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/05/2023 James Forsythe, Sherilyn Contributor address; City; State; Zip Code Allen, TX 75002				\$50.00	
				T		
		Principal Occupation		Contributor's Job Title		
_	Attorney	employer/law firm		Attorney Law firm of contributor's sp	20110	o (if any)
	Nachawati L	• •		Law IIIII of Contributor's Sp	Jous	e (II aliy)
_		s a child, law firm of parent(s) (if	anv)			
		o a oa, iaw o. pa. o(o) (ca.,y/			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/08/2023 Lipp, Dana E Contributor address; City; State; Zip Code				\$300.00	
		Dallas, TX 75220		_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Lipp Legal P	employer/law firm		Law firm of contributor's sp	oous	e (if any)
		s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/48
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 11/08/2023	5 Full name of contributor Maxey, Brandon6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Plano, TX 75094				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Mayer LLP	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/06/2023 McCallum, Ron Contributor address; City; State; Zip Code				\$250.00	
		Dallas, TX 75205				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		allum R Associates PLLC				
	if contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/08/2023	McDowell, Jan	_			\$25.00
		Contributor address; City; Carrollton, TX 75007	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Not Employe	ed		Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/12 Rpt: 11/48
2	FILER NAME Reichek, Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	Date 08/21/2023	5 Full name of contributor McGraw, Pamela6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Denison, TX 75021				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e	employer/law firm Graw PC		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/11/2023 Medlenka, Chris Contributor address; City; State; Zip Code				\$100.00	
		Cambridge, TX 12140				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Medlenka La	aw Firm				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/07/2023	Monning, Bruce			l	\$250.00
		Contributor address; City; Dallas, TX 75209	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Self Employ	ed				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)2 2 Rpt: 12/48	1:
2	FILER NAME				3	Filer ID	(Ethics Commissi	ion Filers)
	Reichek , Ar	manda (The Honorable)				0008218	4	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of	Contribution (\$)	
	11/07/2023	Morales, Carlos						\$1,000.00
		6 Contributor address; City;	State; Zip Code					
		Dallas, TX 75225						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm		11 Law firm of contributor's s	spous	se (if any)		
_	Morales Wa							
12	it contributor i	s a child, law firm of parent(s) (ir any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of	f Contribution (\$)	
	11/13/2023	Munsch Hardt Kopf & H	_			, unount of	σοπιποαιίστι (φ)	\$500.00
		Contributor address; City;						+555.55
		Contributor address, City,	State, Zip Code					
		Dallac TV 75201						
	0	Dallas, TX 75201		Contributorio 1ab Titla				
	Contributors	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	spous	se (if anv)		
						,,		
	If contributor i	s a child, law firm of parent(s) (if any)	1				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of	Contribution (\$)	
	11/09/2023	Nachawati, Majed						\$5,000.00
		Contributor address; City;	State; Zip Code					
		Dallas, TX 75231						
		Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's s	spous	se (if any)		
	Nachawati L	.aw Group						
	If contributor i	s a child, law firm of parent(s) (if any)					
L								

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	pages Schedule A(J)1 L0/12 Rpt: 13/48	L:
2	FILER NAME				3 Filer II	D (Ethics Commissi	on Filers)
	Reichek , Ar	manda (The Honorable)			00082	2184	
4	Date 10/27/2023	5 Full name of contributor Neill, Anna6 Contributor address; City;	out-of-state PAC (ID#:)	7 Amour	nt of Contribution (\$)	\$100.00
		Dallas, TX 75238					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's Contributor	employer/law firm ed		11 Law firm of contributor's s	pouse (if an	y)	
12		s a child, law firm of parent(s) (if any)				
	ii continuator i	o a orma, law mm or parom(o) (
	Date	Full name of contributor	Out of state DAC (ID#		Amour	nt of Contribution (\$)	
	11/08/2023	Plagens, Nichole	out-of-state PAC (ID#:)	Amoui	it of Contribution (\$)	\$100.00
	11/00/2023		State: Zin Code				Ψ100.00
		Contributor address; City;	State; Zip Code				
		Irving, TX 75063					
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's s	pouse (if an	y)	
	Jackson Lev						
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amour	nt of Contribution (\$)	
	11/06/2023	Saucer, S Ann	out or state 1710 (IBM.		7		\$1,125.00
		Contributor address; City;	State: 7in Code				, —, —— · · · ·
		Continuator address, City,	State, Zip Code				
		Dallas, TX 75214					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if an	y)	
	Nachawati L	aw Group					
	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 11/12 Rpt: 14/48		
2	FILER NAME Reichek , Ar	nanda (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082184
4	10/29/2023 Sekula, Jason 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$100.00
		Richardson, TX 75080				
8		Principal Occupation		9 Contributor's Job Title		
	Project Mana			Project Manager		
10	Contributor's 6 Chase Bank	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/11/2023 Song Whiddon PLLC Contributor address; City; State; Zip Code					\$75.00
		Dallas, TX 75240				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
10/09/2023 Taylor, Ben Contributor address; City; State; Zip Code Dallas, TX 75214					\$250.00	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ted B Lyon	& Associates PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	1	ages Schedule A(J): 2/12 Rpt: 15/48	1:		
2	FILER NAME Reichek , Ar	nanda (The Honorable)				(Ethics Commiss	ion Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 11/07/2023 Walsh, David 6 Contributor address; City; State; Zip Code					t of Contribution (\$)	\$250.00
		Dallas, TX 75251					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10		employer/law firm derson King PLLC		11 Law firm of contributor's s	pouse (if any)	
12		s a child, law firm of parent(s) (if	anv)				
	ii continuator i	o a orma, law mm or parent(o) (ii	arry)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	t of Contribution (\$)	
	11/08/2023	Wilson, Russell					\$250.00
		Contributor address; City; S	State; Zip Code		-		
			······································				
		Dallas, TX 75201					
	Contributor's I	I Principal Occupation		Contributor's Job Title	1		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	Self Employ	ed					
	If contributor i	s a child, law firm of parent(s) (if	any)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/48 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reichek, Amanda (The Honorable) 00082184 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/31/2023 Texas Justice Democrats PAC \$689.59 Collection of petition 7 Contributor address; City; State; Zip Code signatures Dallas, TX 75214 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 1/32 Rpt: 17/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/27/2023	23rd Senatorial District Tejano Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	PO Box 226534
		Dallas, TX 75222
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership fee
		Memberering rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/24/2023	AT&T
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$103.93	208 S. Akard
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell phone service
		Compliante Service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Payee name
	08/23/2023	AT&T
	Amount (\$)	
	\$103.93	208 S. Akard
		Dellas TV 75202
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel a utility of Taylor Camplete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell phone service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/32 Rpt: 18/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/23/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.93	208 S. Akard
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell phone service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/24/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.37	208 S. Akard
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell phone service
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/24/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.37	208 S. Akard
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell phone service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	s/Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	bove)
_	Total pages Cabadula F1:	2 FILED NAM					12	Filer ID	(Ethics Commis	cion Filoro)
1	Total pages Schedule F1:						3		(Ethics Commis	Sion Filers)
	Sch: 3/32 Rpt: 19/48	Reichek , <i>i</i>	Amanda (The Honor	able)				00082184		
4	Date	5 Payee name	е							
	12/26/2023	AT&T								
_	Amount (\$)	7 Dayso addr	occ: City:	State: Zin (Codo					
6	Amount (\$)	7 Payee addr		State; Zip (Joue					
	\$104.37	208 S. Aka	ard							
		Dallas, TX	75202							
8	PURPOSE				(h)	Description				
ľ	OF		See Categories listed at the to		(0)	Description	outo.	ide of Tayon Com	mlata Cabadula T	
	EXPENDITURE	Office Ove	rhead/Rental Expen	ise				, officeholder living	plete Schedule T.	
						\Box			g expense	
						Cell phone se	=ı v	ice		
9	Complete ONLY if direct		ficeholder name	Office so	ought			Office h	eld	
	expenditure to benefit C/OI	- 1								
_	Date	Payee name								
	07/26/2023	Adobe	5							
	0112012023	Adobe								
	Amount (\$)	Payee addr	ess; City;	State; Zip (Code					
	\$14.06	345 Park <i>A</i>	Avenue							
		San Jose,	CA 95110							
					1					
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	ise		=			plete Schedule T.	
						—	, IX	, officeholder living	g expense	
						License fee				
	Complete ONLY if direct		ficeholder name	Office so	ought			Office h	eld	
	expenditure to benefit C/O	1								
	Date	Payee name	`							
	08/28/2023	Adobe	-							
	Amount (\$)	Payee addr	ess; City;	State; Zip (Code					
	\$14.06	345 Park <i>A</i>	Avenue							
		San Jose,	CΔ 95110							
	PURPOSE OF	·	See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	ise					plete Schedule T.	
						ш	, TX	, officeholder living	g expense	
						License fee				
	Complete ONLY if direct		ficeholder name	Office so	ought			Office h	eld	
	expenditure to benefit C/OF	4								
-										
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: 4/32 Rpt: 20/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/26/2023	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense License fee
		LICENSE ICC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Para and a second secon
	10/26/2023	Payee name Adobe
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	345 Park Avenue
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense License fee
		License lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	11/24/2023	Payee name Adobe
L		1111
	Amount (\$) \$14.06	Payee address; City; State; Zip Code
	Ф14.00	345 Park Avenue
		San Jose, CA 95110
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		License fee
1		2.03.103 103
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1: Sch: 5/32 Rpt: 21/48	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filer 00082184	S)
4	Date	5 Payee name	
	12/26/2023	Adobe	
6	Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 345 Park Avenue	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense License fee	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/09/2023	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.80	1 Skyview Drive	
		Fort Worth, TX 76155	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Airfare to San Antonio for CLE	
		7 what to carry who not of the	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/22/2023	American Inns of Court	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.00	225 Reinekers Lane, Suite 770	
		Alexandria, VA 22314	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Annual fee	
		Aillualice	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis	strict a category not listed above)
_		· · · · · · · · · · · · · · · · · · ·	_		
1	Total pages Schedule F1: Sch: 6/32 Rpt: 22/48	2 FILER NAME Reichek , Amanda (The Honorable)	3	Filer ID 00082184	(Ethics Commission Filers)
Ļ	<u> </u>				
4	Date	5 Payee name			
	10/11/2023	Andiamo Italian Grill			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$58.71	4151 Belt Line Rd Suite 101			
	+002	1202 2010 110 110 2010 202			
		Addison, TX 75001			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		el outs	side of Texas. Com	pplete Schedule T.
	EXPENDITURE		in, TX	(, officeholder living	g expense
		Dinner with	coll	eague	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	old
9	expenditure to benefit C/OI			Office III	ciu
	·				
	Date	Payee name			
	09/13/2023	Appellate Judges Education Institute			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$695.00				
	\$095.00	Judicial College Building/MS 358			
		Reno, NV 89557			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		el outs	side of Texas. Com	nplete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense		K, officeholder living	
		Judicial CLE	Ξ		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	old
	expenditure to benefit C/OI			Office in	Ciu
	·				
	Date	Payee name			
	09/25/2023	Arts District Mansion			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.00	2101 Ross Ave			
	Ψ12.00	2101 N033 AVC			
		Dallas, TX 75201			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		el outs	side of Texas. Com	pplete Schedule T.
	EXPENDITURE		in, TX	K, officeholder living	g expense
		Appellate lu	nch	eon	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI			Onice III	oiu.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 7/32 Rpt: 23/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/17/2023	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.25	2101 Ross Ave
		Dallas, TX 75201
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.
		Check if Austin, TX, officeholder living expense Section event
		Scotton event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	David and the second se
		Payee name
	12/08/2023	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE	(a) 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
		Parking at section event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Data	
	Date	Payee name
	12/15/2023	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking for DAYL award ceremony
		Faiking to DATE award ceremony
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salarie	-	s/Contract Labor		OTHER (enter a	category not listed above)	
_		The Instruction Guide explains how to	comp	ete tilis ioriii.	_			
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission File	ers)
L	Sch: 8/32 Rpt: 24/48	Reichek , Amanda (The Honorable)				00082184		
4	Date	Payee name						
l	11/03/2023	Bar Spero						
6	Amount (\$)	7 Payee address; City; State; Zip	Code					
	\$166.15	250 Massachusetts Ave NW Suite 155						
l								
		Washington, DC 20001						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Food/Beverage Expense				ide of Texas. Com		
l	EXI ENDITORE			_		, officeholder living	g expense	
l				Dinner with c	OII	eagues		
L								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought			Office he	eld	
L								
l	Date	Payee name						
l	08/14/2023	Beyond the Slogan Consulting						
	Amount (\$)	Payee address; City; State; Zip	Code					
l	\$310.00	2710 Routh Creek						
l		#4120						
l	Dallas, TX 75082							
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF	Consulting Expense	(")	_	outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE	Consularly Expense		Check if Austin	, TX	, officeholder living	g expense	
l				Call time pro	gra	m		
Г	Complete ONLY if direct	Candidate/Officeholder name Office s	ought			Office he	eld	
	expenditure to benefit C/O							
Г	Date	Payee name						
l	08/28/2023	Bird Buddy						
H	Amount (\$)	Payee address; City; State; Zip	Code					
l	\$678.73	229 E. Michigan Ave.						
l		Ste. 330						
l		Kalamazoo, MI 49007						
⊢	PURPOSE		(h)	Description				
l	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(6)	Description Check if travel	outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE	Gill/Awarus/Memoriais Expense		ш		, officeholder living		
l				Staff attorney	/ bi	rthday gifts		
Г	Complete ONLY if direct	Candidate/Officeholder name Office s	ought			Office he	eld	
	expenditure to benefit C/O							
ı								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Donations Made B Officeholder/Politica yment		Legal Services	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed	above)
				ide explains how to co	ompie	ete this form.	_			
1 Total pages	Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commis	ssion Filers)
Sch: 9/32 F	Rpt: 25/48	Reichek	, Amanda (The Hor	norable)				00082184		
4 Date		5 Payee nar	ne				•			
09/23/2023			amily Foundation							
				0:: 7: 0						
6 Amount (\$)		7 Payee add		State; Zip Co	oae					
	\$100.00	3717 Cla	rke Ave							
		Fort Wor	th, TX 76107							
8 PURPOS		(a) Catagony			(h)	Description				
OF	,_		(See Categories listed at th		(5)	_ `	nutsi	ide of Texas, Com	plete Schedule T.	
EXPENDIT	URE		e/Officeholder/Poli			므		, officeholder living		
		Carialaa	c/Officeriolaci/i offi	ilodi Committee		Staff attorney				
						,				
0 Complete ON	II V if direct	Candidate/	Officeholder name	Office co	uabt			Office b	ald	
9 Complete ON expenditure t	<u>NLY</u> II direct to benefit C/O		Officeholder name	Office sou	ugnı			Office h	eia	
Date		Payee nar	ne							
12/29/2023		CVS								
Amount (\$)		Payee add	dress; City;	State; Zip Co	ode					
(,	\$415.78		lockingbird Ln	, ,						
	Ψ+10.70	0120 2 1	lockingbild En							
		Dallas, T	X 75214							
PURPOS	Ε	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description				
OF EXPENDITI	IRF	Office Ov	erhead/Rental Exp	ense		=			plete Schedule T.	
EXI ENDIT	OIL					ш		, officeholder living		
						Gift card for c	cou	rt employee	on behalf of	court
Complete ON			Officeholder name	Office sou	ught			Office he	eld	
expenditure t	to benefit C/O	Н								
Date		Payee nar	ne							
12/08/2023		1 1	ine Flowers							
Amount (\$)		Payee add	•	State; Zip Co	ode					
	\$189.44	4415 Lov	ers Ln							
		Dallas, T	X 75225							
PURPOS	E	(a) Category	(See Categories listed at th	e ton of this schedulo)	(b)	Description				
OF			rerhead/Rental Exp		`´		outsi	ide of Texas. Com	plete Schedule T.	
EXPENDIT	URE		emeda/Nema/ Exp	CHISC		Check if Austin,	, TX	, officeholder living	g expense	
						Flowers for co	olle	eague		
Complete ON	NLY if direct	Candidate/0	Officeholder name	Office sou	uaht			Office he	eld	
	to benefit C/O		32	255 500	- J			200 11		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense		ense .ges/Contract I		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						3		(Ethics Commission Filers)
	Sch: 10/32 Rpt: 26/48	Reichek , A	manda (The Hono	orable)				00082184	
4	Date	5 Payee name							
	11/06/2023	Centrolina							
6	Amount (\$)	7 Payee addre	•	State;	Zip Cod	е			
	\$55.10	974 Palme	Alley NW						
		Washingto	n, DC 20005						
8	PURPOSE				17	b) Descrip	ntion		
ľ	OF		ee Categories listed at the trage Expense	top of this sched	dule)			side of Texas. Com	nplete Schedule T.
	EXPENDITURE	. 500,2010	gpsso					K, officeholder living	g expense
						Dinner	ſ		
_	Complete ONE V. if allow	Candidate 12"	ia a la la la una e e e e e		u: :	h.		Office	ماما
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Of	ffice soug	III.		Office h	eiu
	Date	Payee name							
	08/25/2023	Clementine	!						
	Amount (\$)	Payee addre		State;	Zip Cod	е			
	\$211.76	2195 NW N	lilitary Hwy						
		San Antoni	o, TX 78213						
	PURPOSE OF		ee Categories listed at the t	top of this sched	dule)	b) Descrip		::	onlete Ochodule T
	EXPENDITURE	Food/Beve	rage Expense					side of Texas. Com K, officeholder living	
								eagues / bar	
L									
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Of	ffice soug	ht		Office h	eld
	CAPETICITUTE TO DETICITE C/OF	·							
	Date	Payee name							
	07/10/2023	Cufflinks D							
	Amount (\$)	Payee addre		State;	Zip Cod	е			
	\$369.75	6838 Valha	ılla Way						
		Windermer	e, FL 34786						
	PURPOSE	(a) Category (S	ee Categories listed at the t	top of this sched	dule)	b) Descrip			
	OF EXPENDITURE	Gift/Awards	s/Memorials Expen	ise				side of Texas. Com	•
								K, officeholder living or event hos	
							, g		
	Complete ONLY if direct		iceholder name	Of	ffice soug	ht		Office h	eld
	expenditure to benefit C/OI	4			_				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 11/32 Rpt: 27/48	Reichek , Amanda (The Honorable) 00082184					
4	Date	5 Payee name					
	09/14/2023	Dallas AFL-CIO					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$185.00	1408 N Washington Ave # 240					
		Dallas, TX 75204					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Event Expense					
		Check if Austin, TX, officeholder living expense Sponsorship of Labor Day breakfast					
		Sponsorship of Labor Day breaklast					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
ľ	expenditure to benefit C/OI						
⊨	Date	David and the second se	=				
	09/28/2023	Payee name Dallas Bar Association					
┡			_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	2101 Ross Avenue					
L		Dallas, TX 75201					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Membership fee					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI	1					
	Date	Payee name	_				
	08/30/2023	Dallas County Democratic Party					
	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$500.00	1414 N. Washington					
		Dallas, TX 75204					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	LAPENDITORE	Check if Austin, TX, officeholder living expense					
		2023 DCDP Johnson-Jordan dinner sponsorship					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
\vdash			_				

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 12/32 Rpt: 28/48	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
4	Date 11/20/2023	5 Payee name Dallas LGBT Bar Association
6	Amount (\$) \$386.13	7 Payee address; City; State; Zip Code 2101 Ross Avenue
8	PURPOSE OF EXPENDITURE	Dallas, TX 75201 (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 Visibility Ball sponsorship
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 09/20/2023 Amount (\$) \$1,150.75	Payee name Democracy Toolbox Payee address; City; State; Zip Code 8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/10/2023	Payee name Democracy Toolbox
	Amount (\$) \$2,082.56	Payee address; City; State; Zip Code 8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/32 Rpt: 29/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	10/17/2023	Democracy Toolbox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$468.82	8813 Falcon Crest
l		
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Justice Tour expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┕	·	
	Date	Payee name
	12/07/2023	Democracy Toolbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,082.56	8813 Falcon Crest
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting
		Consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	12/31/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$603.67	601 King Street, Suite 200
		Alexandria, VA 22314
	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 Transaction fees for online donations during the
		reporting period
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 14/32 Rpt: 30/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/06/2023	Dunkin Donuts DCA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.65	2401 Ronald Reagan Washington National Airport Access R
		Arlington, VA 22202
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
		Breakfast
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	1
	Date	Payee name
	11/09/2023	Fat Rabbit Provisions
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,516.52	Unknown
		Dallas, TX 75223
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Catering
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit of of	<u>'</u>
	Date	Payee name
	10/23/2023	Fifth Court of Appeals Employee Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	600 Commerce Street
		Floor 2
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution to employee fund
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIOLORE TO DETICITE C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/32 Rpt: 31/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/11/2023	Four Seasons Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$706.88	98 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for CLE
		Floterior CLL
_	Complete ONU V if allow	Constitute / Office health a more constitute of the constitute of
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/03/2023	Hudson House
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.11	4448 Lovers Ln
		Dallas, TX 75225
	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 Lunch with colleagues / bar
		Eurion with concagues / bai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/09/2023	Hudson House
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.84	4448 Lovers Ln
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dinner with event host committee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission Filers)
	Sch: 16/32 Rpt: 32/48	Reichek , A	manda (The Hono	rable)				00082184	
4	Date	5 Payee name							
	08/28/2023	Ida Claire							
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$193.49	5001 Belt L	ine Rd						
		Dallas, TX	75254						
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			ш		de of Texas. Com , officeholder living	nplete Schedule T.
						Birthday lunc			
						•			•
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office so	ught			Office he	eld
	experialitare to benefit C/Oi								
	Date	Payee name							
	08/28/2023	J.W. Marrio	tt Hill Country						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$1,164.60	23808 Res	ort Parkway						
		San Antoni	o, TX 78261						
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			=		de of Texas. Com officeholder living	nplete Schedule T.
						Hotel for CLE		omeenedes avang	g oxponed
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	08/28/2023	J.W. Marrio	tt Hill Country						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$15.16	23808 Res	ort Parkway						
		San Antoni	o, TX 78261						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense						pplete Schedule T.
						Lunch	, TX,	officeholder living	g expense
						Lancii			
	Complete ONLY if direct	Candidate/∩ff	iceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O			220	g · · ·			200 110	- · -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/32 Rpt: 33/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	08/28/2023	J.W. Marriott Hill Country
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.55	23808 Resort Parkway
		San Antonio, TX 78261
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.
		Check if Austin, TX, officeholder living expense Lunch
		Lulion
_	Commission ONII V if disposit	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	•	
	Date	Payee name
	11/02/2023	J.W. Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,133.46	1331 Pennsylvania Avenue NW
		Washington, DC 20004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for Judicial CLE
		Tiotorioi Gadiciai GEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/04/2023	Payee name
		Johnson, Julie
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 802765
		Dallas, TX 75380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign continuution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (ontre a extension and listed above)

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 18/32 Rpt: 34/48	Reichek , Amanda (The Honorable) 00082184				
4	Date	5 Payee name				
	09/27/2023	La Calle Doce				
6	Amount (\$) \$14.32	7 Payee address; City; State; Zip Code 415 W Twelfth St Dallas, TX 75208				
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. Check if Austin, TX, officeholder living expense Dinner before meeting				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/28/2023	La Cantera				
	Amount (\$) \$198.82	Payee address; City; State; Zip Code 16641 La Cantera Parkway San Antonio, TX 78256				
	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 Dinner with colleagues / bar				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/28/2023	La Fonda on Main				
	Amount (\$) \$57.30	Payee address; City; State; Zip Code 2415 N Main Ave				
		San Antonio, TX 78212				
	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 Dinner with colleagues / bar				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 19/32 Rpt: 35/48	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		-
	10/23/2023	Lake Highlands White Rock Democrats		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$250.00	PO Box 180598		
		Dallas, TX 75218		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Chili cookoff sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		iii	Office field
	Date	Davies warms		
	11/02/2023	Payee name Lyft		
_		-		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$41.40	185 Berry Street, Suite 5000		
		05		
		San Francisco, CA 94107		
	PURPOSE OF	c , (eee emagement matter to p en anne ettieren)	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Transportation from airport to hotel
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/28/2023	Mariachi		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$19.70	218 Produce Row		
		San Antonio, TX 78207		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Lunch
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		ıı ı t	Office field
•				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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:	<u> </u>
	Sch: 20/32 Rpt: 36/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/07/2023	Moorehead, Audrey
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 763984
		Dallas, TX 75376
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/19/2023	Nathan Johnson
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 670994
		Dallas, TX 75367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution
	Opening the ONLY if allowed	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/14/2023	O'Dean, Libbi
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising records
	Operation ONE VIII II	Out that Office helder was a contract of the country of the countr
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 21/32 Rpt: 37/48	Reichek , Amanda (The Honorable) 00082184	
4		5 Payee name	
L	11/03/2023	Old Ebbitt Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$73.85	675 15th St NW	
		Washington DC 2000F	
Ļ	DUDDOOF	Washington, DC 20005	_
8	PURPOSE OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Dinner with colleagues	
Ļ	Complete CNII V if direct	Condidate/Officeholder rows Office country	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	Date	Daysa nama	=
	11/06/2023	Payee name Old Ebbitt Grill	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$73.85	675 15th St NW	
		Washington, DC 20005	
Г	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	
		Lunch with colleagues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/06/2023	Ottoman Taverna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	425 I St NW	
		Washington, DC 20001	
┝	PURPOSE	<u> </u>	_
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Dinner with colleagues	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to con	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/32 Rpt: 38/48	Reichek , Amanda (The Honorable)		00082184
4	Date	5 Payee name		-
	09/06/2023	Over Easy		
6	Amount (\$)	7 Payee address; City; State; Zip Coc	de	
	\$265.55	1914 Commerce St		
		Dallas, TX 75201		
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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Breakfast with colleagues
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	07/13/2023	Paper Source		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$68.14	4525 Cole Ave #170		
		Dallas, TX 75205		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Stationary
	Operation ONLY if allowed	Occadible to 10ff and halden are seen	.1.4	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	09/12/2023	Paper Source		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$92.01	4525 Cole Ave #170		
		Dallas, TX 75205		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Stationary
	Complete ONU V if allow	Condidate/Officeholder nerve	u la t	Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ınt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District
OTHER (enter a category not listed about

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/32 Rpt: 39/48	Reichek , Amanda (The Honorable)	00082184
4	Date	5 Payee name	
	12/11/2023	Paper Source	
6	Amount (\$) \$115.29	7 Payee address; City; State; Zip Code 4525 Cole Ave #170	
		Dallas, TX 75205	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/21/2023	Paper Source	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.69	4525 Cole Ave #170 Dallas, TX 75205	
	PURPOSE OF EXPENDITURE	1 Tintang Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/24/2023	ParkMobile	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.60	1100 Spring Street NW	
L		Atlanta, GA 30309	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense offee with law student / mentee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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 co	omplete th	his form.		
1 Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
Sch: 24/32 Rpt: 40/48	Reichek , Amanda (The Honorable)		0	00082184	
4 Date	5 Payee name		•		
08/29/2023	ParkMobile				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$1.10	1100 Spring Street NW				
	Atlanta, GA 30309				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF	Travel Out of District		Check if travel outside		
EXPENDITURE		. —	Check if Austin, TX, of	ficeholder living	gexpense
		Pa	rking at lunch		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught		Office he	eld
'					
Date	Payee name				
09/13/2023	ParkMobile				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$4.35	1100 Spring Street NW				
	Atlanta, GA 30309				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Travel Out of District		Check if travel outside Check if Austin, TX, of		
			rking	incendider living) expense
		" "	g		
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
expenditure to benefit C/C		J			
Date	Payee name				
11/13/2023	Pinky's Valet				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$720.59	6333 E Mockingbird Ln #147-823	ouc			
**					
	Dallas, TX 75214				
PURPOSE		(b) Dec			
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense		scription Check if travel outside	of Texas. Com	plete Schedule T.
EXPENDITURE	Event Expense		Check if Austin, TX, of		•
		Va	let parking		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/C	П				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/32 Rpt: 41/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	09/18/2023	RH Rooftop Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$142.45	3133 Knox St
		Dallas, TX 75205
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
		Dinner with colleagues / bar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	09/25/2023	Remarkable
	Amount (\$)	Payee address; City; State; Zip Code
	\$646.25	Biermanns gate 6
		Oslo 0473 Norway
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tablet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	10/26/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$666.95	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense Airfare to DC for CLE
		Alliare to DC for CLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	oreal oural ayment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/32 Rpt: 42/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	07/14/2023	State Bar of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.00	1414 Colorado Street
	φο 10.00	1111 00101440 041001
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Registration fee for 33rd annual labor and
		employment law institute (CLE)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	07/10/2023	Stonewall Democrats of Dallas
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 192305
	Ψ33.00	1.0. Box 132000
		Dallas, TX 75219
	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
		Dues payment
L		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	07/21/2023	Stupid Good Coffee
\vdash		
	Amount (\$)	
	\$12.50	1910 Pacific Avenue
		Suite 2060
		Dallas, TX 75201
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Coffee with law student / mentee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
\vdash		
Fo	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb6

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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	compl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/32 Rpt: 43/48		Reichek , Amanda (The Honorable)		00082184
4	Date	5	Payee name		
	11/06/2023		Sushi Gakyu		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$99.20		1420 New York Ave NW		
			Washington, DC 20005		
8	DUDDOCE	(0)		(h)	
o	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/beverage Expense		Check if Austin, TX, officeholder living expense
					Dinner with colleagues
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	11/08/2023		Taverna		
	Amount (\$)	T	Payee address; City; State; Zip C	Code	
	\$139.76		3312 Knox St		
			Dallas, TX 75205		
	PURPOSE	(2)		(h)	Description
	OF	(۵)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/beverage Expense		Check if Austin, TX, officeholder living expense
					Dinner with colleagues / bar
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	П			
	Date		Payee name		
	08/11/2023		Texas Democrats		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$250.00		PO Box 15707		
			Austin, TX 78761		
	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.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Sponsorship, Sissy Farenthold Social Justice Award Ceremony and Reception
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ought	Office held
	oxponditure to sorion order				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 28/32 Rpt: 44/48	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
4	Date	5 Payee name
	08/29/2023	Texas Democrats
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2023	Texas Democrats
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 15707
		Austin, TX 78761
	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
		Ballot application fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2023	Tilley, Earnest
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1408 N. Washington Avenue Ste. 300
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
	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 Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 29/32 Rpt: 45/48	2 FILER NAME Reichek , Amanda (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082184
4	Date	5 Payee name
	08/25/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.98	1455 Market Street
		Suite 400
		San Francisco, CA 94103
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation to CLE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.27	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Transportation to dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.50	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation from dinner
	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 Committ

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/32 Rpt: 46/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	08/28/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.63	1455 Market Street
		Suite 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation to airport
_	Complete ONLY if direct	Constitute / Office helds no year.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$33.54	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) 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
		Transportation from airport
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/08/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.62	1455 Market Street
		Suite 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation to dinner
	Operation ONE V. C. F.	Out that Office had been asset to the control of th
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 31/32 Rpt: 47/48	Reichek , Amanda (The Honorable) 00082184	
4	Date	5 Payee name	
	09/22/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.22	1455 Market Street	
		Suite 400	
		San Francisco, CA 94103	
8	PURPOSE	(a) 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	
		Transportation to Ginsburg Marshall mixer	
		Transportation to Onisburg Warshall Mixel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	-	
	Date	Payee name	
	09/22/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.17	1455 Market Street	
		Suite 400	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation from Ginsburg Marshall mixer	
		Transportation Tomosting marshall mixe.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/06/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.99	1455 Market Street	
		Suite 400	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Transportation to airport	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/32 Rpt: 48/48	Reichek , Amanda (The Honorable) 00082184
4	Date	5 Payee name
	11/20/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$123.99	1455 Market Street
		Suite 400
		San Francisco, CA 94103
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to and from ABOTA dinner and
		Visibility Ball
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2023	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.40	10233 E NW Hwy Ste 333
	Ψ20.40	10233 E NW 11Wy Ste 333
		Dallas, TX 75238
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage for thank you letters
		1 ostage for thank you letters
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2023	Up on Knox
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.67	3230 Knox St #140
		Dallas, TX 75205
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with colleagues / bar
		Editori Willi Goricagaco / Bai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	