# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00042411		2 Total pages	s filed: 83
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	LICE ONLY
OFFICEHOLDER NAME	The Honorable	Jose			Date Received	E USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
	TWOTH WILL	Menendez		0011111		
4 CANDIDATE /	ADDRESS / PO BOX; APT	Γ / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 100833				Receipt #	Amount
Change of Address	San Antonio, TX 78201					
onalgo or / lauroso	Sail Alitolilo, 17 70201				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u>	
TREASURER NAME	Ms.	Estefana				
	NICKNAME	LAST		SUFFIX		
		Martinez				
6 CAMPAIGN	STREET ADDRESS (NO PO	) BOX PLEASE).	AP.	T / SUITE #; CIT	γ·	STATE; ZIP CODE
TREASURER ADDRESS	114 Olga Dr.	, , , , , , , , , , , , , , , , , , , ,		.,,,	.,	, 002_
(Residence or Business)	San Antonio, TX 78237					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER I	EXTENSION			
TREASURER	(210) 432-2619	NE NOWBER 1	EXTENSION			
PHONE	(====) .0= ====					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	July 15	8th day before	oloction $\square$	Exceeded modified		
		8til day belore	election	reporting limit	Final Report (	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	07/01/2023	TH	HROUGH	12/31/20	)23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			Seneral	Special		
			ocherui.	Брески		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	HT (if known)	
	State Senator District 26	Bexar		State Senator I	District 26	
		<b>GO</b> 1	TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Menendez, Jose (The	e Honorable)	<b>14</b> Filer ID ( 00042411	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 67,066.05
EXPENDITURE TOTALS		\$ 2,906.62		
	4. TOTAL POLITIC		<b>\$</b> 83,981.27	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 790,251.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Jose Menende	7
			Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

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				3 of 83
18 FILER NAM Menendez	ME z, Jose (The Honorable)	<b>19</b> Filer ID 00042411	(Ethics Co	mmission Filers)
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	67,066.05
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	83,981.27
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/83	
2	FILER NAME Menendez, 3	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 12/16/2023	<ul><li>5 Full name of contributor Abbott Laboratories Emp</li><li>6 Contributor address; City; S</li></ul>	<u> </u>	00040279)	7	Amount of Contribution (\$)	\$1,000.00
		Abbott Park, IL 60064					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	)		
	Date 07/22/2023	Full name of contributor Akbari, Christopher (Mr.) Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Port Arthur, TX 77642	s) [	Employer (Coo Instructions			
	Real Estate	pation / Job title (See Instruction	5)	Employer (See Instructions ITEX Group	)		
	Date 07/24/2023	Full name of contributor Allen Boone Humphries F Contributor address; City; S		)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77027					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	)		
	Date 07/24/2023	Full name of contributor Anderson, Terri (Ms.) Contributor address; City; S Coppell, TX 75019				Amount of Contribution (\$)	\$1,500.00
		pation / Job title (See Instruction: ousing Real Estate Develope	<i>'</i>	Employer (See Instructions Self	)		
	Date 08/24/2023	Full name of contributor Arechiga, Jason (Mr.) Contributor address; City; S San Antonio, TX 78259	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu Developer	pation / Job title (See Instruction	5)	Employer (See Instructions The NPR Group	)		
			,				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/83	
2	FILER NAME Menendez, J	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 10/26/2023	<ul> <li>Full name of contributor  out-of-s</li> <li>Blackridge</li> <li>Contributor address; City; State; Zip Co</li> </ul>	state PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<b>(</b> )		
	Date 09/17/2023	Blackwood, Susan (Dr.)  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Not employe			Not employed	')		
	Date 07/17/2023	Full name of contributor out-of-s  Block, George (Mr.)  Contributor address; City; State; Zip Co	state PAC (ID#: ode	)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78209					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 12/16/2023	BracewellPAC	state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/01/2023	Full name of contributor out-of-s Castaneda Jr., Tristan (Mr.)  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$750.00
		pation / Job title (See Instructions) tive Consultant		Employer (See Instructions	5)		
	State Legisle	are consultant	I_				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how t	o complete this form	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/83	
2	FILER NAME Menendez, 3	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 10/26/2023	<ul><li>5 Full name of contributor Charles Butt Public Education</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$10,000.00
		San Antonio, TX 78209	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 12/30/2023	Full name of contributor Choctaw Nation of Oklahom Contributor address; City; State				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Durant, OK 74702 pation / Job title (See Instructions)	1	Employer (See Instructions	) 		
	i iliopai occa	pation / dob title (dee matractions)		Employer (dee mandenona	')		
	Date 07/24/2023	Full name of contributor  Coats Rose, PC PAC  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77046 pation / Job title (See Instructions)		Employer (See Instructions	_		
	r illicipai occu	pation / 300 title (See instructions)		Employer (See Instructions	')		
	Date 10/12/2023	Full name of contributor Employees of Raytheon Tec Contributor address; City; State Arlington, VA 22209		097568 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/24/2023	Full name of contributor INDEPAC Contributor address; City; State Austin, TX 78750	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/83	
2	FILER NAME Menendez, J	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 08/04/2023	5 Full name of contributor Independent Bankers Associated Contributor address; City; State			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Date 07/25/2023	Full name of contributor  Jack, Darrell (Mr.)  Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
	Deinainal assu	Bulverde, TX 78163		Franks on (Cas Instructions	_		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Apartment Market Data		_C	
	Date 07/24/2023	Full name of contributor Kercheval, Todd (Mr.)  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
		Del Valle, TX 78617					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/01/2023	Full name of contributor  Lewin, Doug (Mr.)  Contributor address; City; Stat  Austin, TX 78748	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/16/2023	Full name of contributor Linebarger Goggan Blair & Contributor address; City; Stat Austin, TX 78760				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/83	
2	FILER NAME Menendez, J	Jose (The Honorable)		3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 12/16/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
_	Deignaignal	Austin, TX 78760	D. Frankriger (Co.) Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/26/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#: Maloney Jr., Pat (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78205			Amount of Contribution (\$)	\$1,000.00
	Principal occu attorney	pation / Job title (See Instructions)	Employer (See Instructions self	<u>(</u>		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#: Martin , Audrey (Ms.)  Contributor address; City; State; Zip Code  Austin, TX 78748			Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) lousing Consultant	Employer (See Instructions Purple Martin Real Esta			
	Date 12/30/2023	Full name of contributor x out-of-state PAC (ID#:_McGuire Woods Federal PAC Fund  Contributor address; City; State; Zip Code  Richmond, VA 23219	C00225342 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/83	
2	FILER NAME Menendez.	Jose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 07/23/2023		ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	<u></u>	Employer (See Instructions	7		
•		Development (See Metadetions)	ľ	DMA Development Co	,		
	Date 07/17/2023	Full name of contributor on Mena, Victor (Mr.)  Contributor address; City; State; Z  San Antonio, TX 78238	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/24/2023	Full name of contributor on Nantucket Housing  Contributor address; City; State; Z  Houston, TX 77043	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/23/2023	Full name of contributor of Oncor Texas State PAC Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/17/2023	Full name of contributor on Parker, Kim (Ms.)  Contributor address; City; State; Z  Dallas, TX 75204	ut-of-state PAC (ID#:ip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions  Dynamic Commercial Re		Estato	
	riesiuelii		L_	Dynamic Commercial Re	cal	Lotate	

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/83	
2	FILER NAME Menendez, 3	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 07/24/2023	<ul><li>5 Full name of contributor Pechota, Aaron (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Avon, OH 44011 pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u> </u> s)		
	Developer			The NRP Group			
	Date 07/18/2023	Full name of contributor Reed, Jim and Katie (Mr. Contributor address; City; S				Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78229					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	s)		
	Date 07/01/2023	Full name of contributor Rodriguez, Marc (Mr.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701					
	Principal occu Lobbyist	pation / Job title (See Instructions	5)	Employer (See Instructions Offices of Marc A. Rodr	′	ez	
	Date 11/13/2023	Full name of contributor Shively, Chris (Mr.) Contributor address; City; S San Antonio, TX 78229		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/15/2023	Full name of contributor Silverstein, Alison (Ms.) Contributor address; City; S Austin, TX 78723	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$96.05
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/83	
2	FILER NAME Menendez, 3	ose (The Honorable)		3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 07/23/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Smith, Darren (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$20.00
_		Rowlett , TX 75089				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/30/2023	Full name of contributor x out-of-state PAC (ID#: C T-Mobile PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Washington, DC 20004	Employer (See Instructions			
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/30/2023	Full name of contributor out-of-state PAC (ID#:_ The Cigna Group Employee PAC  Contributor address; City; State; Zip Code  Philadelphia, PA 19192			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/04/2023	Full name of contributor out-of-state PAC (ID#:_ Tomaszewski, Thomas (Mr.)  Contributor address; City; State; Zip Code  Frankfort , IL 60423	)		Amount of Contribution (\$)	\$500.00
	Principal occu Executive	pation / Job title (See Instructions)	Employer (See Instructions The Annex Group	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/83	
2	FILER NAME Menendez, J	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 10/26/2023	<ul><li>5 Full name of contributor</li><li>Union Pacific Corporation</li><li>6 Contributor address; City; S</li></ul>		vernment	7	Amount of Contribution (\$)	\$1,500.00
_	Deinstead	Washington, DC 20005		O Faralassa (O a lastassticas			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 12/30/2023	Full name of contributor United Health Group, Inc. Contributor address; City; S		)		Amount of Contribution (\$)	\$2,000.00
		Minnetonka, MN 55343					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 07/24/2023	Full name of contributor Walsh, Nicholas (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	s)		
	Date 07/24/2023	Full name of contributor  Warner, Michael (Mr.)  Contributor address; City; S  Houston, TX 77021	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Spencer Fane	<u>I</u> 5)		
	Date 07/24/2023	Full name of contributor Whipple, Maxwell (Mr.) Contributor address; City; S San Antonio, TX 78215				Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

N	<b>MONET</b>	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
Т	he Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/83
	ILER NAME	Jose (The Honorable)		3 Filer ID (Ethics Commission Filers) 00042411
<b>4</b> D		5 Full name of contributor  out-of-state PAC (I Wholesale Beer Distributors of Texas PAC 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$1,500.0
		Austin, TX 78701		
<b>8</b> Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 1	
2 FILER N Menend	AME lez, Jose (The Honorable)			3		hics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED	GES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID		_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Coc	ie			
					Check if travel out	tside of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In:	structi	ons)	

	LOANS						SCHEDULE E
	The Instruction	n Guide explains h	ow to com	olete this fo	orm.	<b>I</b>	ges Schedule E: 1 Rpt: 15/83
2	FILER NAME Menendez, Jose	e (The Honorable)					(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$ 0.00
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:	)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate
							11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ons)		13 Employer (See Instr	ructions)	
14	Description of Coll	ateral			15 Check if personal fu	nds were deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;	State;	Zip Code		
20	Principal occupation	on			21 Employer (See Instr	ructions)	

#### 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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Mem Legal Services	•		Vages	s/Contract Labor		Travel Out of OTHER (ente		ct tegory not listed above)
	·				n Guide explaii	ns how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(I	Ethics Commission Filers)
	Sch: 1/68 Rpt: 16/83	_	Menendez,	Jose (The F	lonorable)					0004241	1	
4	Date	ı	Payee name									
L	07/05/2023	L	A-AAA Key	Mini storage	9							
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ite; Zip Co	ode					
	\$176.00		6604 W Inte	erstate 10								
			San Antonio	o, TX 78201								
8	PURPOSE	(a)	Category (94	e Categories lists	ed at the top of this	schedule)	(b)	Description				
	OF		Office Over					Check if travel	outsi	ide of Texas. C	omplet	te Schedule T.
	EXPENDITURE				•			Check if Austin				
								Monthly renta	al fe	ee for cam	paig	ın storage unit
L		L					L					
9	Complete ONLY if direct		andidate/Offi	ceholder nam	ie	Office sou	ıght			Office	held	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	08/02/2023		A-AAA Key	Mini storage	е							
	Amount (\$)		Payee addre	ss; City;	Sta	ite; Zip Co	ode					
	\$176.00		6604 W Inte	erstate 10								
			San Antonio	o, TX 78201								
	PURPOSE				ed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental	Expense			Check if travel				
	-							Check if Austin				
								working renta	ai It	e ioi caili	ipaly	ın storage unit.
_	Complete ONII V If allows	<u> </u>	andidate (Off	00h0lder		Office	10 P t			Ott: -	hal-'	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer nam	i <del>e</del>	Office sou	ignt			Office	neid	
$\vdash$	Date	_	Dayoo sama									
		ı	Payee name	Mini storos	2							
	09/02/2023	┡	A-AAA Key									
	Amount (\$)	ı	Payee addres		Sta	ite; Zip Co	ode					
	\$176.00		6604 W Inte	erstate 10								
			San Antonio	o, TX 78201								
	PURPOSE OF				ed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental	Expense			Check if travel				
								Check if Austin				rpense In storage unit.
								working renta	ai it	e ioi cam	ıpaly	m storaye unit.
	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder nam	ΙΔ	Office sou	laht			Office	held	
	expenditure to benefit C/OI		ai iuiuale/OIII	cenoluel IIdii	IC	Office SOL	igill			Onice	neiu	
	•											
_												

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memor Legal Services The Instruction	·		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed ab	ove)
1	Total pages Schedule F1:	2	EII ER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 2/68 Rpt: 17/83	ı		Jose (The Ho	norable)				5	00042411	(Lunos commiss	1011 1 11013)
4	Date	5	Payee name									
	10/02/2023	├		Mini storage								
6	Amount (\$)	l	Payee addres	-	Sta	ate; Zip Co	de					
	\$176.00		6604 W Inte	rstate 10								
			San Antonic	. TX 78201								
8	PURPOSE	⊢		e Categories listed	at the ten of this	cohodulo)	(b)	Description				
	OF			nead/Rental E		Scriedule)	( )		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		011100 01011	ioda/i toritar E	zxporioo			Check if Austin	, TX,	officeholder living	g expense	
								Monthly renta	al fe	e for campa	aign storage ur	nit.
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	experiditure to benefit C/Or											
	Date		Payee name									
	11/02/2023		A-AAA Key	Mini storage								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$176.00		6604 W Inte	rstate 10								
			San Antonic	, TX 78201								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental E	Expense			<b>□</b>			plete Schedule T.	
								ш		officeholder living	aign storage ur	nit
								Worlding Territo	ai ic	c for camp	aigii storage ui	iic.
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					-					
	Date		Payee name									
	12/02/2023		A-AAA Key	Mini storage								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$176.00		6604 W Inte	rstate 10								
			San Antonic	, TX 78201								
	PURPOSE OF			e Categories listed		schedule)	(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental E	Expense					de of Texas. Com officeholder living	plete Schedule T.	
								ш			g expense aign storage ur	nit
								worming refile	תו וכ	e ioi campe	aigii siolaye ul	IIL.
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O						<b>J</b>					

### SCHEDULE F1

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

	Candidate/Officenoider/Politica Credit Card Payment	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: 3/68 Rpt: 18/83	Menendez, Jose (The Honorable)	00042411
4		5 Payee name	
	08/31/2023	AT&T	
6	Amount (\$) \$636.82	7 Payee address; City; State; Zip Code P.O. Box 105414  Atlanta, GA 30348	
8	PURPOSE	(6) 0	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Two months internet servi	of officeholder/campaign cell phone and ices.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	09/25/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$314.45	P.O. Box 105414	
	!		
		Atlanta, GA 30348	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	!	1 — — — — — — — — — — — — — — — — — — —	campaign cell phone and internet
	!	services.	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought OH	Office held
H	Date	Payee name	
	10/24/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$322.02		
	Ψυζζ.υζ	P.O. BOX 103414	
		Atlanta, GA 30348	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
	!		campaign cell phone and internet
	!	services.	oampa.g., co., p., c., c.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

Credit Card Layment	The Instruction Guide explains how to co	omplete this form	-	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Comm	nission Filers)
Sch: 4/68 Rpt: 19/83	Menendez, Jose (The Honorable)		00042411	
4 Date	5 Payee name		<b>.</b>	
11/25/2023	AT&T			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$322.02	P.O. Box 105414			
	Atlanta, GA 30348			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF	Fees		ravel outside of Texas. Complete Schedule T.	
EXPENDITURE		. —	Austin, TX, officeholder living expense	
			der/campaign cell phone and in	ternet
		services.		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	H			
Date	Payee name			
12/26/2023	AT&T			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$322.08	P.O. Box 105414			
	Atlanta, GA 30348			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF	Fees		ravel outside of Texas. Complete Schedule T.	
EXPENDITURE		. –	Austin, TX, officeholder living expense	
		Officehole services.	der/campaign cell phone and ir	iternet
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
experience to benefit 6/6				
Date	Payee name			
12/01/2023	Alamo Colleges Foundation			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1,500.00	2222 N. Alamo Street			
	San Antonio, TX 78215			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Sponsorship	Check if t	ravel outside of Texas. Complete Schedule T.	
EXPENDITORE		_	Austin, TX, officeholder living expense	
		Sponsors	hip for the GED brunch	
		<u> </u>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	

#### 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		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		ages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 5/68 Rpt: 20/83			Jose (The Hon	orable)					00042411		,
4	Date	5	Payee name									
	08/23/2023		Annie's List									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,500.00		P.O. Box 69	9								
			Austin, TX 7	78767								
8	PURPOSE	(a)					(b)	Description				
ľ	OF	(۳)	Sponsorship	ee Categories listed at	the top of this sche	edule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Sporisorsing	J				=		officeholder living		
								Sponsorship	for	the San An	tonio Brunch	event.
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/15/2023		Barrio Baris	ta Coffee Shop	)							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$28.33		3735 Culeb	ra Road								
			San Antonio									
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				<b>—</b>		de of Texas. Com officeholder living	plete Schedule T.	
								Meeting with			J expense	
								weeting with	COI	istituerit.		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/O		Sarraraato, Om	ocholder hame		omoc oou	9110			Omoc n	ora	
-	Date	<del>-</del>	Davee name									
	12/15/2023		Payee name Barrio Baris	ta coffee Shop								
_		_				7:n 0	al a					
	Amount (\$)		Payee addres		State;	Zip Co	ue					
	\$116.00		3735 Culeb	ra Koad								
			San Antonio	o, TX 78228								
	PURPOSE	(a)		ee Categories listed at	the top of this scho	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				ш			plete Schedule T.	
								Officeholder r		officeholder living		
								Onicendiael I	116	surig with Ct	ກາວແເນຕາເວ.	
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name		Office soug	aht			Office h	eld	
	expenditure to benefit C/O		Sandidato/Offi	oo.ioidoi ildiiio			9.11			Cinoc II	···	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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	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: 6/68 Rpt: 21/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/16/2023	Beacon Hill Neighborhood NA Benevolent Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 15732
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to the neighborhood association
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	08/11/2023	Biden for President
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 438
	φ100.00	F.O. BOX 430
		Wilmington DF 10001
		Wilmington, DE 19801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contribution to the Biden for President campaign.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/09/2023	Biden for President
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 438
	7_00.00	
		Wilmington, DE 19801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Contribution to the Biden for President campaign.
	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> 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

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		e)
1	Total pages Schedule F1: Sch: 7/68 Rpt: 22/83	2 FILER NAME Menendez, Jose (The Honorable) 3 Filer ID (Ethics Commission 00042411	n Filers)
Ļ	· .		
4	Date 11/29/2023	5 Payee name Biden for President	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.00	P.O. Box 438	
		Wilmington, DE 19801	
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee Contribution to the Biden for President camp	aign.
			J
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/05/2023	Biden for President	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 438	
		Wilmington, DE 19801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee Contribution to the Biden for President camp	aign.
			9
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/01/2023	Cabral, Cynthia (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.69	15210 Moss Way	
		San Antonio, TX 78232	
	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  Reimbursement for table runners for district I	holiday
		party.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By - Gift/Awards/Memori

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials egal Services	s Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed	above)
	Credit Card Fayinent		٦	The Instruction G	uide explains l	how to cor	mple	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 8/68 Rpt: 23/83	N	∕lenendez, J	ose (The Hon	orable)					00042411		
4	Date	<b>5</b> P	Payee name									
	12/11/2023		Capitol Gift S	Shop								
6	Amount (\$)	<b>7</b> P	Payee address	s; City;	State;	Zip Co	de					
	\$1,948.50	1	.400 Congre	-		·						
			J									
		<b>Ι</b> Δ	Austin, TX 78	R701								
_	DUDDOCE	-					(h)	5 ' ' '				
8	PURPOSE OF			Categories listed at		edule)	(a)	Description	nutei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	•	ارAwarus	Memorials Exp	ense			느		officeholder living		
								State orname	ents	for constitu	ents.	
9	Complete ONLY if direct	Ca	andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date	Р	Payee name									
	10/14/2023	ı	Catalyst Cate	ering								
	Amount (\$)	-	Payee address		State:	Zip Co	de					
	\$108.25		•	: Old Highway	·	p 00						
	Ψ100.20		200 1 11310110	o o a r ngriway	50							
			Can Antonia	TV 70227								
		<del>                                     </del>	San Antonio,									
	PURPOSE OF			Categories listed at	the top of this sche	edule)	(b)	Description	outoi	do of Toyon Com	alata Cahadula T	
	EXPENDITURE	-	-ood/Bevera	ge Expense				<b></b>		de of Texas. Com officeholder living		
								Tacos for Dis				
										•		
	Complete ONLY if direct	Ca	andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н					_					
	Date	Гр	Payee name									
	12/01/2023	ı	•	Celebrations								
	Amount (\$)		Payee address		State:	Zip Co	de					
	\$2,613.79		3307 Hillcres		State,	Ζίρ Ο	uc					
	Ψ2,013.73		307 Tilliores	it Drive								
			Pan Antonio	TV 70201								
		3	San Antonio	, 1 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \ 7 \		-						
	PURPOSE OF			Categories listed at		edule)	(b)	Description	outoi	do of Toyon Com	alata Cahadula T	
	EXPENDITURE	G	3ift/Awards/I	Memorials Exp	ense			ᅟ		de of Texas. Com officeholder living		
								Food for distr				
										, , , , , , , , , , , , , , , , , , ,		
	Complete ONLY if direct	Ca	andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					;	<b>J</b> -					

### SCHEDULE F1

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

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

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

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

	Credit Card i dyment	The Instruction Guide explains how to comp	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/68 Rpt: 24/83	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		·
	07/25/2023	CostCo		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$52.65	15330 I-35N		
		Selma, TX 78705		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> D	Description
	OF EXPENDITURE	Transportation Equipment & Related	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense	L	Gas for officeholder/campaign vehicle.
				hang a same panagaran
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	<del>1</del>		
Е	Date	Payee name		
	08/29/2023	CostCo		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$58.77	15330 I-35N		
		Selma, TX 78705		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> D	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
		Expense	L	Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.
				sac for differential pargin to more.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/06/2023	CostCo		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$24.21	15330 I-35N		
		Selma, TX 78705		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> D	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
		Expense	L	Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
				sas for officeriolaci/campaign vehicle.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	•	•	22

#### SCHEDULE F1

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

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

	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: 10/68 Rpt: 25/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/08/2023	CostCo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.53	15330 I-35N
		Selma, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.
		Sus for officeriolicity campaign verticity.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/30/2023	CostCo
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.80	15330 I-35N
	φ37.00	13330 1-3310
		Selma, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Fxpense Check if Austin, TX, officeholder living expense
		Expense La Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.
		Cas for officeriolacitoarripaign verificie.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/09/2023	CostCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.25	15330 I-35N
	Φ29.25	15550 1-5514
		Selma, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Ous for officeriolide//campaign vehicle.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 11/68 Rpt: 26/83	Menendez, Jose (The Honorable) 00042411			
4	Date	5 Payee name			
	11/13/2023	CostCo			
6	Amount (\$) \$44.46	7 Payee address; City; State; Zip Code 15330 I-35N			
		Selma, TX 78705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.			
		Expense Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.			
		das for officeriorality authorise.			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/03/2023	Costco			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$51.21	5611 UTSA Boulevard			
		San Antonio, TX 78249			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Gas for officeholder/campaign vehicle.			
	Sas is: sinssingary volidor				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/11/2023	Costco			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.13	5611 UTSA Boulevard			
	400.20				
		San Antonio, TX 78249			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense			
		Expense Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.			
		Sac is. simediadiyaanipaigi voiido.			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 12/68 Rpt: 27/83	Menendez, Jose (The Honorable) 00042411					
4	Date	5 Payee name					
	07/28/2023	Costco					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$51.50	5611 UTSA Boulevard					
		San Antonio, TX 78249					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment & Related					
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense					
		Gas for officeholder/campaign vehicle.					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	08/02/2023	Costco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$54.27	5611 UTSA Boulevard					
		San Antonio, TX 78249					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.					
		Expense Check if Austin, TX, officeholder living expense Gas for officeholder/campaign vehicle.					
		Gas for officeriolder/campaign vehicle.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data	Description					
	Date 08/07/2023	Payee name					
		Costco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$56.97	5611 UTSA Boulevard					
		San Antonio, TX 78249					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Gas for officeholder/campaign vehicle.					
	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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense		(pense /ages/	e 'Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	AME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 13/68 Rpt: 28/83	Menend	ez, Jose (The Honoral	ole)					00042411		
4	Date	5 Payee na	me								
	08/12/2023	Costco									
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Co	de					
	\$45.54	5611 UT	SA Boulevard								
		San Ant	onio, TX 78249								
8	PURPOSE	(a) Category	(See Categories listed at the to	n of this sched	dule)	(b)	Description				
	OF		rtation Equipment & R		adic)		·	outsid	le of Texas. Com	plete Schedule T.	
	EXPENDITURE	Expense					<b>—</b>		officeholder living		
							Gas for office	hol	der/campaiç	gn vehicle.	
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Of	fice sou	ght			Office he	eld	
⊨	Date	Payee na	me								
	09/28/2023	Costco	IIIC								
_	Amount (\$)	Payee ad	dress; City;	Stato	Zip Co	de					
	\$41.40	-	SA Boulevard	Siale,	ZIP C0	u <del>c</del>					
	Ф41.40	2011 01	JA DUUIEVAIU								
		San Ant	onio, TX 78249								
	PURPOSE OF		(See Categories listed at the to		dule)	(b)	Description				
	EXPENDITURE		rtation Equipment & R	elated			<b>—</b>		le of Texas. Comp officeholder living		
		Expense					Gas for office				
							Cas for Office	. 101	ucircumpaiç	gri vernoie.	
_	Complete ONLY if direct	Candidate	Officeholder name	Of	fice sou	aht			Office he	ald.	
	expenditure to benefit C/O		Cononoladi mame	Oi	300(	ສາ າເ			Since He		
$\vdash$	Data										
	Date	Payee na	me								
	10/11/2023	Costco									
	Amount (\$)	Payee ad		State;	Zip Co	de					
	\$51.84	5611 UT	SA Boulevard								
		San Ant	onio, TX 78249								
	PURPOSE	(a) Category	(See Categories listed at the to	p of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Transpo	rtation Equipment & R				ш		le of Texas. Com		
		Expense	1						officeholder living		
							Gas for office	11010	uer/campai(	gri veriicie.	
	Complete ONLY if alice -	Condidate	Officeholder	0.5	fine and	ah+			Office	ald.	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 14/68 Rpt: 29/83	Menendez, Jose (The Honorable) 00042411				
4	Date	5 Payee name				
	10/17/2023	Costco				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$49.81	5611 UTSA Boulevard				
	!					
		San Antonio, TX 78249				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
	!	Expense				
	1	Sus for officeriolider/cumputgri verificie.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_						
	Date	Payee name				
	10/23/2023	Costco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.22	5611 UTSA Boulevard				
	!					
	!	San Antonio, TX 78249				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
	!	Expense				
	1	Gas for officertolider/campaign vehicle.				
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	10/30/2023	Costco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$42.75	5611 UTSA Boulevard				
	!					
	!	San Antonio, TX 78249				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related				
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense				
	1	Gas for officeholder/campaign vehicle.				
	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
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: 15/68 Rpt: 30/83	Menendez, Jose (The Honorable) 00042411				
4	Date	5 Payee name				
	11/06/2023	Costco				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$30.87	5611 UTSA Boulevard				
		San Antonio, TX 78249				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
		Expense				
		Sas for officeriolaci/campaign vehicle.				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
١	expenditure to benefit C/O					
_	Date	Power name				
	11/07/2023	Payee name				
		Costco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.65	5611 UTSA Boulevard				
		San Antonio, TX 78249				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
		Expense				
		Gas for officerolider/campaign vehicle.				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Davies same				
	11/15/2023	Payee name  Costco				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$51.03	5611 UTSA Boulevard				
		San Antonio, TX 78249				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Expense				
		Sus for officeriolider/cumputgri verticie.				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor OTHER (en	f District er a category not listed above)		
		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:		(Ethics Commission Filers)		
	Sch: 16/68 Rpt: 31/83	Menendez, Jose (The Honorable) 0004241	1		
4	Date	5 Payee name			
	11/29/2023	Costco			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$32.58	5611 UTSA Boulevard			
		San Antonio, TX 78249			
8	PURPOSE				
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  (b) Description  Check if travel outside of Texas.	Complete Schedule T.		
	EXPENDITURE	Expense Check if Austin, TX, officeholder I			
		Gas for officeholder/camp	aign vehicle.		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/04/2023	Costco			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.19	5611 UTSA Boulevard			
	, , , ,				
		San Antonio, TX 78249			
	DUDDOCE	·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  (b) Description  Check if travel outside of Texas.	`omnlete Schedule T		
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Check if Austin, TX, officeholder I			
		Gas for officeholder/camp	aign vehicle.		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
	Date	Payee name			
	12/02/2023	Costco			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$42.48	5611 UTSA Boulevard			
	¥ 12. 10				
		San Antonio, TX 78249			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  (b) Description  Check if travel outside of Texas.	Complete Schedule T		
	EXPENDITURE	Transportation Equipment & Related			
		Gas for officeholder/camp			
	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 17/68 Rpt: 32/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	12/11/2023	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.53	5611 UTSA Boulevard
		San Antonio, TX 78249
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Lastin, TX, officeholder living expense Gas for officeholder/campaign vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/09/2023	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.81	5611 UTSA Boulevard
	Ψ∠1.0±	5011 OTSA Boulevalu
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gas for officeholder/campaign vehicle.
		Cas for omostroactivatinpaign vertices.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Power name
	07/27/2023	Payee name Cruz, Pearl (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,050.00	2416 Village Walk
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/68 Rpt: 33/83	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	
	08/30/2023	Cruz, Pearl (Ms.)	
6	Amount (\$) \$107.47	7 Payee address; City; State; Zip Code 13011 Gordon's Mott	
		San Antonio, TX 78253	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for office and food for staff.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	11/02/2023	Cruz, Pearl (Ms.)	
	Amount (\$) \$78.71	Payee address; City; State; Zip Code 13011 Gordon's Mott  San Antonio, TX 78253	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement for FedEx mailing and office supplies.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	11/16/2023	Cruz, Pearl (Ms.)	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 13011 Gordon's Mott	
		San Antonio, TX 78253	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 19/68 Rpt: 34/83	Menendez, Jose (The Honorable)  00042411
4	Date	5 Payee name
	09/25/2023	Dellview Area Neighborhood Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 100152
		San Antonio, TX 78213
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation for Neighbors Together event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit crof	<u>'</u>
	Date	Payee name
	09/21/2023	ERenterplan
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.00	7585 Irvine Center Drive, Suite 200
		Irvine, CA 92618
	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.
		X Check if Austin, TX, officeholder living expense Rental insurance for Austin rental.
		Kental insulance for Austin Tental.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/16/2023	Edgewood ISD Police Department
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	5358 West Commerce St.
		San Antonio , TX 78237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for the departmentââ¬â¢s Thanksgiving Giveaway.
_	Complete ONLY if divert	
	Complete <u>ONLY</u> 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

	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: 20/68 Rpt: 35/83	Menendez, Jose (The Honorable) 00042411				
4	Date	5 Payee name				
	11/16/2023	Equality Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$250.00	P.O. Box 2340				
		Austin, TX 78768				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	LAI LINDITORE	Candidate/Officeholder/Political Committee				
		Donation				
_	Complete ONLY if direct	Condidate/Officeholder name				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/20/2023	Estrada, Eric (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	118 Oklahoma				
		San Antonio, TX 78237				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		Donation for Neighbors Together event				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Davisa nama				
	11/14/2023	Payee name Fairmont Hotel Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$650.35	101 Red River Street				
		Austin, TX 78701				
	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Hotel expenses while in special session.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
1						

### 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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/68 Rpt: 36/83	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		•
	09/11/2023	Fairmont Hotel Austin		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$700.14	101 Red River Street		
		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 expense during Attorney General Paxton's trial.
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O		Ū	
	Date	Payee name		
	09/15/2023	Fairmont Hotel Austin		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$412.63	101 Red River Street		
		Austin, TX 78701		
	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 expense during Attorney General Paxton's trial.
				There expense during rule may be needed a witch a train
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O	Н		
	Date	Payee name		
	09/19/2023	Fairmont Hotel Austin		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,045.99	101 Red River Street		
		Austin, TX 78701		
	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 expense during Attorney General Paxton's trial.
				Hotel expense during Attorney General Faxions that.
	Complete ONLY if direct	Candidate/Officeholder name Office so	l uaht	Office held
	expenditure to benefit C/O		- g	555.1616
_				

#### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 22/68 Rpt: 37/83	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		-
	09/20/2023	Fairmont Hotel Austin		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$192.38	101 Red River Street		
		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 expense during Attorney General Paxton's trial.
				The control of the co
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		•	
_	Date	Payee name		
	09/26/2023	Garcia Event Center		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$700.00	1400 Callaghan Road		
		5		
		San Antonio, TX 78228		
	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
				Deposit for facility rental for District 26 Holiday party
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	9	
-	Date	Payee name		
	08/23/2023	Gonzales, Sergio (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$203.99	6326 Spring Time		
	,	3325 2pm g		
		San Antonio, TX 78249		
	PURPOSE		(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Reimbursement for food at the district legislative briefing.
_	Complete ONLY if direct	Candidate/Officeholder nema	abt	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	yrıl	Office field
l				

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
	Sch: 23/68 Rpt: 38/83	Menendez, Jose (The Honorable)  00042411	. 5)
4	Date	5 Payee name	
	09/30/2023	Gonzales, Sergio (Mr.)	
6	Amount (\$) \$278.56	7 Payee address; City; State; Zip Code 6326 Spring Time	
		San Antonio, TX 78249	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Reimbursement for food for the second legislative briefing.	e
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/02/2023	Gonzales, Sergio (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.61	6326 Spring Time	
		San Antonio, TX 78249	
	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	
		Reimbursement for the food at the third legislativ	/e
		briefing.	Ü
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/18/2023	Greater Edwardâs Aquifer Alliance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	P.O. Box 15618	
		San Antonio , TX 78212	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Sponsorship of a table for recognition dinner.	
		Sponsorship of a table for recognition diffier.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			,
1	Total pages Schedule F1: Sch: 24/68 Rpt: 39/83	2 FILER NAME Menendez, Jose (The Honorable)  3 Filer ID (Ethics Commission Filer O00042411	rs)
4	Date	5 Payee name	
	07/26/2023	Gunn Infiniti	
6	Amount (\$) \$896.02	7 Payee address; City; State; Zip Code 12150 IH-10 West	
		San Antonio, TX 78230	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/28/2023	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$896.02	12150 IH-10 West	
		San Antonio, TX 78230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related	
		Expense Check if Austin, TX, officeholder living expense  Monthly lease on campaign/officeholder vehicle.	
		monthly loads on earnpaignnented vertical	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/26/2023	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$896.02	12150 IH-10 West	
		San Antonio, TX 78230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense	
		Expense	
		Worthing leade on earnpaign/onlectioner vehicle.	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff/Alwards/Mei

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		d above)
1	Total pages Schedule F1:		nission Filers)
•	Sch: 25/68 Rpt: 40/83		11001011111010)
4	Date	5 Payee name	
	10/26/2023	Gunn Infiniti	
6	Amount (\$) \$896.02	7 Payee address; City; State; Zip Code 12150 IH-10 West	
_		San Antonio, TX 78230	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Expense La Check if Austin, TX, officeholder living expense  Monthly lease on campaign/officeholder	vehicle
		wonting lease on earnpaign/onicenduct	vernoie.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/28/2023	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,199.89	12150 IH-10 West	
		San Antonio, TX 78230	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Expense La Check if Austin, TX, officeholder living expense  Monthly lease on campaign/officeholder	vehicle
		World by Tease on earnpaign/oniceriolaen	vernoie.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/27/2023	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,199.89	12150 IH-10 West	
		San Antonio, TX 78230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense	
		Monthly lease on campaign/officeholder	vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### 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		
		<u> </u>	
1	Total pages Schedule F1:		<b>s</b> )
	Sch: 26/68 Rpt: 41/83	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	09/18/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$117.59	8801 S. Congress Avenue	
		Austin, TX 78745	
8	PURPOSE	·	
O	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Snacks and drinks for Capitol office.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	_
	10/11/2023	Harland Clarke Corp.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$298.61	10931 Laureate Drive	
	Ψ230.01	10001 Edurence Brive	
		Con Antonio TV 70040	
		San Antonio, TX 78249	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Purchase of campaign checkbook	
		T distribute of earnpaight chostages.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data	Τ	
	Date	Payee name	
	12/01/2023	Heickman, Matthew (Officer)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	7000 Culebra Road	
		San Antonio , TX 78238	
	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	
		Security for district holiday party	
	Commission ONE VIII II	Condidate/Officebolder norms	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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

	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: 27/68 Rpt: 42/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
L	09/20/2023	Hernandez, Gloria (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3723 El Paso
		San Antonio, TX 78207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Palmas neighborhood association
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
F	Date	Payee name
	12/01/2023	Hippy's FX
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	201 Labor St.
		San Antonio, TX 78210
	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  Face painting for district holiday party
		T also painting for district noticely party
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	11/02/2023	Intercultural Development Research Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	5815 Callaghan Road
		#101
		San Antonio , TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  50th Anniversary Dinner
		Jour Allinversary Diffici
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		

#### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense F		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above	·)
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission	Filers)
	Sch: 28/68 Rpt: 43/83	Menendez,	Jose (The Honorab	ole)					00042411		
4	Date	5 Payee name									
	08/10/2023		all High School								
6	Amount (\$)	7 Payee addre	ss; City;	State;	Zip Co	de					
	\$250.00	8000 Lobo	Lane								
		San Antoni	o , TX 78240								
8	PURPOSE	(a) Category (S	ee Categories listed at the top	n of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made					outsid	le of Texas. Com	olete Schedule T.	
	EXPENDITURE	Candidate/0	Officeholder/Politica	ıl Committ	ee		<b>—</b>		officeholder living		
							Donation for t	orea	akfast for tea	acher prep day.	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Offi	ice souç	ght			Office he	eld	
	Date	Payee name									
	07/26/2023	Juiceland									
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	de					
	\$14.57	120 E. 4th \$									
	41.01	120 2. 10.	<b>5</b>								
		Auctin TV	70701								
		Austin, TX									
	PURPOSE OF		ee Categories listed at the top	p of this schedu	ule)	(b)	Description  Charlet travel of	outoid	lo of Toyon Com	aloto Sabadulo T	
	EXPENDITURE	Food/Bever	age Expense				<b>—</b>		officeholder living	plete Schedule T. expense	
							Food and bev				
									-		
	Complete ONLY if direct	Candidate/Off	ceholder name	Off	ice souç	ght			Office he	eld	
	expenditure to benefit C/O	4									
	Date	Payee name									
	08/30/2023	Juiceland									
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	de					
	\$31.33	120 E. 4th S		,		-					
	<del>+32.30</del>										
		Austin, TX	78701								
	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense				ш			plete Schedule T.	
							Check if Austin, Food and bev		officeholder living		
							י טטע מווע שפע	cid	ige ioi ullice	andiuel.	
	Complete ONLY if direct	Candidata/Off	ceholder name	O#	ice soug	aht			Office he	ald.	
	expenditure to benefit C/O		cendidei Hällle	OII	ice sou(	ynt			Office ne	au	

#### 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: 29/68 Rpt: 44/83	Menendez, Jose (The Honorable) 00042411					
4	Date	5 Payee name					
	09/09/2023	Juiceland					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$64.52	120 E. 4th St.					
		Austin, TX 78701					
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					
		Food and beverage for officeholder and staff.					
		Toda and severage for emberiously and came					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	09/12/2023	Juiceland					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$25.44	120 E. 4th St.					
		Austin, TX 78701					
	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 Food and beverage for officeholder.					
		Toda and beverage for emberious.					
H	Complete ONLY if direct	lete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
F	Date	Payee name					
	09/13/2023	Juiceland					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$34.69	120 E. 4th St.					
		Austin, TX 78701					
Г	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					
		Food and beverage for officeholder.					
$\vdash$	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)** 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/Political Committee Credit Card Payment		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 NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 30/68 Rpt: 45/83	Menendez,	Jose (The Honorable)					00042411		
4	Date	5 Payee name	1							
	09/14/2023	Juiceland								
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode					
	\$31.31	120 E. 4th	St.							
		Austin, TX	78701							
8	PURPOSE	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com		
						Food and be		, officeholder living		
						1 ood and be	<i>v</i> C1	age for office	SHOIGET.	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	Jaht			Office he	eld	
ľ	expenditure to benefit C/OI			000 000	-g			000 1		
F	Date	Payee name	ļ							
	09/15/2023	Juiceland								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$42.54	120 E. 4th	St.							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>□</b>		ide of Texas. Com		
						Food and be		, officeholder living age for office		
								ago for office	311010011	
Complete ONLY if direct Candidate/O			iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
F	Date	Payee name	<u> </u>							
	09/16/2023	Juiceland								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$10.22	120 E. 4th		·						
		Austin, TX	78701							
	PURPOSE	(a) Category (s	See Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			ш		ide of Texas. Com		
	ZAI ZAISTONZ					Food and be		, officeholder living		
						י טטט מוט טפו	/CI	aye ivi vilice	silviuei.	
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J					
$\vdash$										
<u>_</u>										

#### 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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/68 Rpt: 46/83 Menendez, Jose (The Honorable) 00042411 4 Date Payee name 09/30/2023 Juiceland 6 Amount (\$) Payee address; City; State; Zip Code \$29.70 120 E. 4th St. Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverage for officeholder. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/11/2023 Juiceland Amount (\$) Payee address; City; State; Zip Code \$39.64 120 E. 4th St. Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverage for officeholder. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/14/2023 Juiceland Amount (\$) Payee address: City; State; Zip Code \$8.59 120 E. 4th St. Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and beverage for officeholder.

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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 Co

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

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: 32/68 Rpt: 47/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/16/2023	Kennedy Cross Country
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1926 South General McMullen
		San Antonio , TX 78226
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Bolladol No Nollinear Notice of Name
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/08/2023	Madonna Center, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1906 Castroville Road
		San Antonio, TX 78237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sponsorship for annual gala
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	07/27/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	512 Mean Street
		Alanta, GA 30318
	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
		Monthly fee for email service.
	Commission ONE V. C. F.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 33/68 Rpt: 48/83	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		<u> </u>
	08/28/2023	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$85.28	512 Mean Street		
		Alanta, GA 30318		
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
				Monthly fee for email service.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	experialitate to beliefit C/Oi	'		
	Date	Payee name		
	09/28/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$85.28	512 Mean Street		
		Alanta, GA 30318		
	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Monthly fee for email service.
	0 1: 0.11.4.7.1.		1.	000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gnt	Office held
	Date	Payee name		
	10/27/2023	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$85.28	512 Mean Street		
		Alanta, GA 30318		
	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  Monthly fee for email service.
				Monuny Ice for email service.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	Complete ONLY if direct expenditure to benefit C/OI		yııı	Office field

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 34/68 Rpt: 49/83	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	11/27/2023	Mailchimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$85.28	512 Mean Street	
		Alanta, GA 30318	
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	
		Monthly fee for email service.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	=
	12/27/2023	Mailchimp	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$98.07	512 Mean Street	
	φ90.07	S12 Medit Street	
		Alanta, GA 30318	
	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  Monthly fee for email service.	
		Monthly lee for enfail service.	
$\vdash$	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit 6/6		
	Date	Payee name	
	09/26/2023	Manna, Phillip (Mr.)	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	9525 Rochelle Road	
		San Antonio, TX 78240	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Donation for Neighbors Together event for Alamo Farmsteads neighborhood association	
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$			_

#### 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
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/68 Rpt: 50/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	12/01/2023	Martinez, Veronica (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	210 Audrey Lane Drive
		San Antonio, TX 78216
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  DJ service at the district holiday party
		De convice at the district honday party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/13/2023	Maudie's Too
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.00	1212 South Lamar Boulevard
		San Antonio, TX 78204
	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  Lunch for officeholder and staff.
		Lunch for officeriolder and stail.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	12/07/2023	Mi Tierra
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.40	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Officeholder and staff holiday lunch
	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 Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide expl	ains how to coi	mplet	te this form.				
1	Total pages Schedule F1:	2 FILER NAME	≣				3	Filer ID	(Ethics Commission Filers)	
	Sch: 36/68 Rpt: 51/83	Menendez,	Jose (The Honorable)					00042411		
4	Date	5 Payee name								
	12/13/2023	Mi Tierra								
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	State; Zip Co	de					
	\$930.76	218 Produc		•						
			o, TX 78207							
8	PURPOSE OF		ee Categories listed at the top of th	nis schedule)	(b)	Description		d4.T C	unlata Cabadula T	
	EXPENDITURE	Gift/Awards	s/Memorials Expense		İ			de of Texas. Com officeholder living	nplete Schedule T. g expense	
					i	Pan Dulce for				
							٠,			
9	Complete ONLY if direct	Candidate/∩ff	iceholder name	Office sou	ght			Office h	eld	
Ĺ	expenditure to benefit C/OF								· 	
	Date	Payee name								
	11/01/2023	Monticello I	Park Neighborhood Ass	ociation						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de					
	\$250.00	P.O. Box 10	00315							
		San Antoni	o, TX 78201							
	PURPOSE	(a) Category 19	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Advertising		50.104410)		_ '	outsi	de of Texas. Com	pplete Schedule T.	
	EXPENDITURE		•		Ì	ш		officeholder living		
						Ad in the neig	ghb	orhood tour	book.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office h	eld	
		·								
	Date	Payee name								
	09/27/2023	Morgan's W			_					
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de					
	\$1,100.00	5223 David	Edwards							
		San Antoni	o, TX 78233							
	PURPOSE	(a) Category (s	ee Categories listed at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE	Contribution	ns/Donations Made By	<i>'</i>	l	Check if travel of			plete Schedule T.	
	LAFENDITURE	Candidate/	Officeholder/Political Co	ommittee	Ì		, TX,	officeholder living	g expense	
						Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office h	eld	

#### 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

	Candidate/Officeholder/Politica Credit Card Payment		tee L	egal Services	•		ages.	/Contract Labor		OTHER (enter a	a category not listed above)	
			•	The Instruction Gu	ıide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commission Filers)	)
	Sch: 37/68 Rpt: 52/83	Me	enendez, J	lose (The Hond	orable)					00042411		
4	Date	<b>5</b> Pa	yee name									
	08/09/2023	NS	SVA Island	X-1 Texas								
6	Amount (\$)	<b>7</b> Pa	yee addres	s; City;	State;	Zip Co	de					
	\$200.00	86	95 West F	M 476								
		Po	oteet, TX 7	78065								
8	PURPOSE	<b>(a)</b> Ca	itegory (See	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		onsor	J	•	<i>'</i>		Check if travel of	outsio	de of Texas. Con	nplete Schedule T.	
	LAFENDITORE							<b>—</b>		officeholder livin		
								Sponsor a ho tournament.	le i	n one for th	e organization golf	
_		<u> </u>						tournament.				
9	Complete ONLY if direct expenditure to benefit C/OH		didate/Offic	eholder name	Of	ffice sou(	ght			Office h	eld	
	Date	Pa	yee name									
	11/10/2023	No	orthside IS	D Education Fo	oundation							
	Amount (\$)	Pa	yee addres	s; City;	State;	Zip Co	de					
	\$190.00	66	32 Bandeı	ra Road								
		#A	<b>A</b>									
		Sa	an Antonio	TX 78238								
	PURPOSE	<b>(a)</b> Ca	itegory (See	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Co	ontributions	s/Donations Ma	ade By			<b>-</b>			nplete Schedule T.	
		Ca	andidate/O	fficeholder/Poli	tical Commit	ttee		Donation	, TX,	officeholder livin	g expense	
								Donation				
	Complete ONLY if direct	   Can	didate/Offic	eholder name	Of	ffice soug	thr			Office h	eld	_
	expenditure to benefit C/O		aradic, omo	cholder hame	0.	moo oou	9			01110011	old .	
_	Date	l Do										_
	07/10/2023		yee name orthwest D	emocrats								
					Ctata	Zin Co	al a					
	Amount (\$) \$1,000.00	l .	yee addres: O.Box 681		State;	Zip Co	ue					
	\$1,000.00		O.BUX 001	.911								
			un Antonio	TV 70000								
				TX 78268								
	PURPOSE OF			Categories listed at t	ne top of this sche	dule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE	l Ad	dvertising E	-xpense				ш		officeholder livin		
								_			ey Sr. Public Service	
								Award dinner				
	Complete ONLY if direct	Can	didate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	_
	expenditure to benefit C/O					·						
I												

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 38/68 Rpt: 53/83	Menendez, Jose (The Honorable)    Children   Children Commission Files)   00042411
4	Date	5 Payee name
	12/02/2023	Northwest Democrats
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O.Box 681911
		San Antonio, TX 78268
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV, efficiently living average.
		Candidate/Officeholder/Political Committee
		Continuation
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/12/2023	Olmos Park Terrace Neighborhood Assoc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	233 Wildwood
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for Neighbors Together event
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/01/2023	Ord, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,600.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payment of two months of social media services.
		aymont of the months of social media solvidos.
$\vdash$	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 Gifl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor

	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: 39/68 Rpt: 54/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/01/2023	Ord, Julie (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,300.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Social media services for September
		Coolai media services for ceptember
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	11/01/2023	Ord, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,600.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract labor for suicidal media services.
		Software label for Saloladi Media Services.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г	Date	Payee name
	12/01/2023	Ord, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for social media services.
		Contract labor for Social friedia Scriptes.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### 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: 40/68 Rpt: 55/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/20/2023	Pena, Velma (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1210 Patton Boulevard
		San Antonio, TX 78237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation for Neighbors Together event for
		Westwood Square NA
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorarie to benefit C/O	<u> </u>
	Date	Payee name
	07/27/2023	Peterson, Judy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1830 W Summit Ave
		San Antonio, TX 78201-4934
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign services.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/02/2023	Peterson, Judy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$380.67	1830 W Summit Ave
		San Antonio, TX 78201-4934
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Candy and gift cards for constituents and office supplies.
	0 1: 0	
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memoria Legal Services			ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
L		_		The Instruction (	Juide explains	now to cor	mple	ete this form.			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 41/68 Rpt: 56/83		Menendez,	Jose (The Hor	norable)					00042411	
4	Date	5	Payee name								
	12/01/2023		Peterson, J	udy (Mrs.)							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$669.32		1830 W Su	mmit Ave							
			San Antonio	o, TX 78201-49	934						
8	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Ex	pense			<b>=</b>			nplete Schedule T.
								<b>—</b>		for turkeys	g expense gift cards and holiday
								supplies for c			giit carus anu nonuay
<u>_</u>	Operation Objects "	L	Daniel III ( 10 mm			04.	1 <i>t</i>	1-1			-1-1
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(	Office sou	gnt			Office h	eıa
	Date		Payee name								
	12/13/2023		Peterson, J	udy (Mrs.)							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$151.47		1830 W Su	mmit Ave							
			San Antonio	o, TX 78201-49	934	_					
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Ex	pense			<u></u>			nplete Schedule T.
								<b>—</b>		officeholder living	aments to constituents
								i osiaye anu	ша	uning of offic	aments to constituents
<u> </u>	Complete ONLY if direct	<u>_</u>	Candidata/Offi	ceholder name		Office sou	ab+			Office h	old
	expenditure to benefit C/OI		Januludle/OIII	centituel Hairie	(	Onice Sou(	yııı			Onice n	ciu
<u> </u>		_									
	Date		Payee name								
L	12/01/2023	L	Photo Buste	er							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$450.00		6855 De Pa	ılma							
			San Antonio	o, TX 78239							
	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Event Expe	nse				ш			nplete Schedule T.
								ш		officeholder living	
								Photo service	: 10	i district noi	iluay party
	Occupated Chilly 2 "	L_	D 11 1 1 1 1 2			04.	1 <i>t</i>			- · ·	-1-1
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(	Office sou	gnt			Office h	eıa
	The straight of the straight of the										

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (enter a category n  The Instruction Guide explains how to complete this form.						e)		
Ļ		-			e explains now to co	,iiipi	ete tilis lollii.	_			>
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	i Filers)
	Sch: 42/68 Rpt: 57/83		Menendez,	Jose (The Honora	able)				00042411		
4	Date	5	Payee name								
	09/28/2023		Politico								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	nde					
ľ	• * *	l ′	835 Woodla		State, Zip Ct	Juc					
	\$1,178.63		oss woodia	tvvii							
			San Antonio	o, TX 78212							
8	PURPOSE	(a)	Category (Sc	ee Categories listed at the t	on of this schedule)	(b)	Description				
	OF			ages/Contract Lab				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			.9			Check if Austin,	, TX,	officeholder living	g expense	
							Contract labo	r fo	r campaign	services	
9	Complete ONLY if direct		 Candidate/Offi	ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI		<del></del> ···		223 300	J					
-	5.	_									
	Date		Payee name								
	11/16/2023		Prestige Pri	nting							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$193.77		8 Burwood I	Lane							
			San Antonio	TY 78216							
		ļ.,				I					
	PURPOSE OF	(a)		ee Categories listed at the t	top of this schedule)	(b)	Description				
	EXPENDITURE		Event Expe	nse			<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
							Printing of dis				
							Filling of this	ouic	i i ioliday po	arty flyers.	
_	- 1 ·	<u> </u>				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Office sou	ıgnt			Office h	ela	
	experiantare to benefit 6/61										
	Date		Payee name								
	12/13/2023		Prestige Pri	nting							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode					
	\$203.51		8 Burwood I	•							
	Ψ200.01		o Baiwooa i	Lanc							
			San Antonio	o, TX 78216							
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense						plete Schedule T.	
	LXI LINDITORL								officeholder living		
							Printing Holid	lay	cards for co	onstituents	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	Н									
l											

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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: 43/68 Rpt: 58/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/01/2023	RJ Publications LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,400.00	P.O. Box 272
		Helotes, TX 78023
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		High school football ads
		Tilgii concerto da a
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/12/2023	RJ Publications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	P.O. Box 272
		Helotes, TX 78023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		High school basketball ads.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/14/2023	Raul Jimenez Thanksgiving Dinner
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	8700 Crownhill Boulevard
		#802
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		_
1	Total pages Schedule F1:		
	Sch: 44/68 Rpt: 59/83	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	07/14/2023	Roland Gutierrez For US Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 15232	
	• •		
		San Antonio, TX 78212	
			_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		Contribution to Gampaign	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
L	•		_
	Date	Payee name	
	07/10/2023	San Antonio AFL-CIO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	231 W. Cypress	
		Suite 115	
		San Antonio, TX 78212	
_	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Ad in the AFL-CIO directory	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<b>y</b>	
⊨	Data	Davis rema	_
	Date 11/16/2023	Payee name  San Antonio Armod Sarvigos Darado Association	
		San Antonio Armed Services Parade Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2810 Woodrock	
		San Antonio , TX 78251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation for the Veteranââ¬â¢s parade.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/68 Rpt: 60/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	08/18/2023	San Antonio Branch NAACP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 200225
		San Antonio, TX 78220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship for Freedom Fund Dinner
_	Operation ONE V if dispose	Our distance (Office health
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/01/2023	San Antonio Food Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,520.00	5200 Old Highway 90 West
		San Antonio, TX 78227
	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
		Turkeys and food boxes for constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
-	Date	Payee name
	10/10/2023	San Antonio Food Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5200 Old Highway 90 West
		San Antonio, TX 78227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	·

#### SCHEDULE F1

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

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

Fees
Gift/Awards/Memorials Expense

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: 46/68 Rpt: 61/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/16/2023	San Antonio ISD Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2411 San Pedro
		San Antonio , TX 78212
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Onicenoiden/Political Committee   Candidate/Onicenoiden/Political Committee   Donation to the DragonĀ¢â¬â¢s Give Program
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit G/OI	'
	Date	Payee name
	11/10/2023	San Antonio ISD Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$735.00	2411 San Pedro
		San Antonio , TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/16/2023	San Antonio Police Department Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7000 Culebra Road
		San Antonio , TX 78238
	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  Donation for Thanksgiving Day meal for officers.
		Donation for manksgiving bay meal for unicers.
$\vdash$	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)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Mem Legal Services	•		Vages	s/Contract Labor		Travel O OTHER		strict category not listed above)
		_			n Guide explai	ns now to co	mpie	ete triis form.	_			
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
	Sch: 47/68 Rpt: 62/83	_		Jose (The H	lonorable)					00042	411	
4	Date	5	Payee name									
L	12/01/2023	L	Sanchez, A	drian (Office	r)							
6	Amount (\$)	7	Payee addre	ss; City;	Sta	ate; Zip Co	ode					
	\$150.00		7000 Culeb	ra Road								
			San Antonio	, TX 78238								
8	PURPOSE	(a)	Category (Se	e Catenories listo	d at the top of this	schedule)	(b)	Description				
	OF	<b> </b> `´	Event Expe		u at the top of this	3cricadic)	( )	_ `	outsi	ide of Texa	as. Com	plete Schedule T.
	EXPENDITURE			-				Check if Austin	ı, TX	, officehold	ler living	j expense
								Security for d	distr	rict holi	day p	arty
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	ıght			Of	fice he	eld
L	expenditure to benefit C/OI	H 										
	Date		Payee name									
	12/01/2023		Senate Spa	w Account								
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode					
	\$200.00		P.O. Box 12	2068								
			Austin , TX	78711								
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			/Memorials I				<u></u>				plete Schedule T.
	EXI ENDITORE							Check if Austin				j expense
								Salvation Arn	ny (	aonatio	n	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	e	Office sou	ıght			Of	fice he	eld
	pod.taro to boriont 0/01	_										
	Date		Payee name									
	09/01/2023		St. Timothy	Church								
	Amount (\$)		Payee addre	ss; City;	Sta	ate; Zip Co	ode					
	\$500.00		1515 Saltillo	)								
			San Antonio	o, TX 78207								
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Sponsorshi			,		Check if travel				plete Schedule T.
	EVLEINDIIOKE		. '					Check if Austin				
								Sponsorship	of t	table fo	r Ami	istad Awards Banquet.
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder nam	е	Office sou	ıght			Of	fice he	eld
	experioliture to beriefit C/Of	Π										
			<u>-</u>		<u>-</u>							

### 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 Legal Services 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: 48/68 Rpt: 63/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	07/01/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		r ood and beverage for officeriolider.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	Para a same
	Date	Payee name
	07/03/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Storbusko Hoodguertere
	07/07/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 49/68 Rpt: 64/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	07/08/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		1 ood and beverage for officeriolaer.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/10/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Food and beverage for officeholder.
	Complete ONLY if direct	Candidate/Officeholder name Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	_	
	Date	Payee name
	07/10/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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:	P FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/68 Rpt: 65/83	Menendez, Jose (The Honorable)	00042411
4	Date	Payee name	-
	07/12/2023	Starbucks Headquarters	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	2401 Utah Ave. Suite 800	
		Seattle, WA 98134	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
Ŭ	OF	· · · · · · · · · · · · · · · · · · ·	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		Food and I	peverage for officeholder.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	experience to borione Gro		
	Date	Payee name	
	07/13/2023	Starbucks Headquarters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	2401 Utah Ave. Suite 800	
		Seattle, WA 98134	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	vel outside of Texas. Complete Schedule T.
			stin, TX, officeholder living expense Deverage for officeholder.
		Food and I	beverage for officeriolder.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	Canadate Office folder frame	Office Held
	Date	Pausa nama	
	07/14/2023	Payee name Starbucks Headquarters	
		<u> </u>	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800	
	φ25.00	2401 Glaif Ave. Suite 600	
		C	
		Seattle , WA 98134	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	stin, TX, officeholder living expense
			peverage for officeholder.
	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 -Candidate/Officeholder/Political Committ

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	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: 51/68 Rpt: 66/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	07/17/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		1 ood and beverage for officeriolider.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	07/29/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2401 Utah Ave. Suite 800
	Ψ10.00	2401 Otali Ave. Suite 600
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
		r dod and severage for emechanical.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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  Food and beverage for officeholder.
		1 ood and beverage for officeriolider.
	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 Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Валкіпд Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ee I	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Legal Services Printing Expense Salaries/Wages/Contract Labor				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	oreal oura'r dymene			The Instruction Guid	de explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID		(Ethics Commission Filers)
	Sch: 52/68 Rpt: 67/83	Ме	nendez, 3	Jose (The Honor	able)					00042	411	
4	Date	<b>5</b> Pav	ee name						_			
	08/04/2023			eadquarters								
6	Amount (\$)		ee addres	·	Stato:	Zip Co	do					
٥	\$15.00	<b> </b>		ve. Suite 800	State,	Zip Co	ue					
	\$15.00	240	JI Olali A	we. Suite 600								
		Sea	attle , WA	v 98134								
8	PURPOSE	(a) Cat	egory (see	e Categories listed at the	ton of this school	dule)	(b)	Description				
	OF			age Expense	top of this seriet	auic)	` '		outsi	de of Texa	s. Comp	olete Schedule T.
	EXPENDITURE							Check if Austin	, TX,	officeholde	er living	expense
								Food and bev	ver	age for	office	eholder.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		lidate/Offic	ceholder name	Of	fice sou	ght			Off	ice he	ld
	Date	Pay	ee name									
	08/12/2023	Sta	rbucks H	eadquarters								
	Amount (\$)	Pav	ee addres	ss; City;	State:	Zip Co	de					
	\$15.00	ĺ		ve. Suite 800	Otato,	p 00						
	Ψ10.00		or Otali /	ive. Gaile 600								
		Se	attle , WA	98134								
	PURPOSE	(a) Cat	egory (See	e Categories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Bevera	age Expense				<b>=</b>				olete Schedule T.
	-							Check if Austin				
								Food and be	ven	age ioi	UIIICE	enoluer.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate/Offic	ceholder name	Of	fice sou	ght			Off	ice he	eld
	experience to benefit of or	<u> </u>										
	Date	Pay	ee name									
	08/23/2023	Sta	rbucks H	eadquarters								
	Amount (\$)	Pay	ee addres	ss; City;	State;	Zip Co	de					
	\$15.00			ve. Suite 800								
	·											
		Sea	attle , WA	98134								
	PURPOSE	(a) Cat	egory (so	e Categories listed at the	ton of this school	dule)	(b)	Description				
	OF		•	age Expense	top of this sched	uuie)	( - ,		outsi	de of Texa	s. Comp	olete Schedule T.
	EXPENDITURE		20,20.0	ago =aponeo				Check if Austin	ı, TX,	officeholde	er living	expense
								Food and bev	ver	age for	office	eholder.
	Complete ONLY if direct		lidate/Offic	ceholder name	Of	fice sou	ght			Off	ice he	eld
	expenditure to benefit C/OH	-1										

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		l Out of District R (enter a category not listed above)
_		<u> </u>	
1	Total pages Schedule F1: Sch: 53/68 Rpt: 68/83		ID (Ethics Commission Filers) 42411
Ļ	<u> </u>		
4	Date	5 Payee name	
	08/24/2023	Starbucks Headquarters	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	2401 Utah Ave. Suite 800	
		Seattle , WA 98134	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		exas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeh	older living expense
		Food and beverage f	or officeholder.
9	Complete ONLY if direct		Office held
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	08/28/2023	Starbucks Headquarters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00		
	Ψ10.00	2401 Starrive. Suite 600	
		0 11 111 00101	
		Seattle , WA 98134	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 odd/beverage Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh	
		Food and beverage f	or officeriolder.
	Complete ONLY if direct	Condidate/Officeholder norse	
	Complete ONLY if direct expenditure to benefit C/OI		Office held
	Date	Payee name	
	08/30/2023	Starbucks Headquarters	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	2401 Utah Ave. Suite 800	
		Seattle , WA 98134	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		exas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeh	
		Food and beverage f	or officeholder.
	Complete ONLY if direct		Office held
	expenditure to benefit C/OI	JH	

#### 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 (output a category not 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: 54/68 Rpt: 69/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/01/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		1 ood and beverage for officeriolder.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	09/05/2023	Starbucks Headquarters
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
	420.00	2102 Stati / Wol. Saite 600
		Seattle , WA 98134
	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  Food and beverage for officeholder.
		Food and beverage for officeriolder.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dayso nama
	09/20/2023	Payee name Starbucks Headquarters
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
I		

### 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: 55/68 Rpt: 70/83	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	_
	09/21/2023	Starbucks Headquarters	
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800	
		Seattle , WA 98134	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverage for officeholder.	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/23/2023	Starbucks Headquarters	
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800	
		Seattle , WA 98134	
	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 Food and beverage for officeholder.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	09/27/2023	Starbucks Headquarters	
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800	
		Seattle , WA 98134	
	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 Food and beverage for officeholder.	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

#### 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	•	ages/Contr		Travel Out of Dis OTHER (enter a	trict category not listed above)
		The Instruction Guide explains how to co	inpiete tri			
1	Total pages Schedule F1: Sch: 56/68 Rpt: 71/83	Priler NAME  Menendez, Jose (The Honorable)		3	Filer ID 00042411	(Ethics Commission Filers)
	3011. 30/00 Tept. 71/03	<u> </u>			00042411	
4	Date	Payee name				
	09/28/2023	Starbucks Headquarters				
6	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$10.00	2401 Utah Ave. Suite 800				
		Seattle , WA 98134				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
	OF EXPENDITURE	Food/Beverage Expense			ide of Texas. Com	
	LAI LIIDITORE				, officeholder living	
			Foo	od and bever	age for office	eholder.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	10/05/2023	Starbucks Headquarters				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$25.00	2401 Utah Ave. Suite 800				
		Seattle , WA 98134				
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outs	ide of Texas. Com	plete Schedule T.
	LAFENDITORE				, officeholder living	
			Foo	od and bever	age for office	eholder.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office he	eld
	experiditure to benefit C/Oi					
	Date	Payee name				
	10/13/2023	Starbucks Headquarters				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$30.00	2401 Utah Ave. Suite 800				
		Seattle , WA 98134				
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
	OF	Food/Beverage Expense			ide of Texas. Com	plete Schedule T.
	EXPENDITURE				, officeholder living	
			Foo	d and bever	age for office	eholder.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	expenditure to benefit C/OI					

### 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	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: 57/68 Rpt: 72/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	10/21/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		r dod and beverage for officeriolider.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Davies same
		Payee name
	10/30/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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
		Food and beverage for officeholder.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/02/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2401 Utah Ave. Suite 800
L		Seattle , WA 98134
	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
		Food and beverage for officeholder.
		1 ood and beverage for officeriolider.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 58/68 Rpt: 73/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/04/2023	Starbucks Headquarters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
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  Food and beverage for officeholder.
		r ood and beverage for officeriolider.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Davies same
		Payee name
	11/11/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	2401 Utah Ave. Suite 800
		Seattle , WA 98134
	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  Food and beverage for officeholder.
		Food and beverage for officerolder.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name  Storbusko Hoodguertere
	11/15/2023	Starbucks Headquarters
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2401 Utah Ave. Suite 800
		Seattle, WA 98134
	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  Food and beverage for officeholder.
		1 ood and beverage for officeriolider.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/68 Rpt: 74/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/20/2023	Starbucks Headquarters
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2401 Utah Ave. Suite 800  Seattle , WA 98134
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and beverage for officeholder.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Super Awesome Balloon Animals
	Amount (\$) \$190.00	Payee address; City; State; Zip Code 5002 N. Loop 1604 E. #1106 San Antonio, TX 78247
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Balloon twister for district holiday party
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/18/2023	Payee name Sweetgreen
	Amount (\$) \$161.57	Payee address; City; State; Zip Code 1007 South Congress Avenue
		Austin, TX 78704
	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 for officeholder and staff.
	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 60/68 Rpt: 75/83	2 FILER NAME  Menendez, Jose (The Honorable)  3 Filer ID (Ethics Commission Filers)  00042411
4	Date	5 Payee name
	12/04/2023	Tellez Tamales & Barbacoa
6	Amount (\$) \$419.47	7 Payee address; City; State; Zip Code 1802 Bandera Road
	Ψ-151	1002 Bandera Noad
		San Antonio, TX 78228
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
		Tamales for the Senate Holiday party.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2023	Texas Grandparents Raising Grandchildren
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7719 Barhill Post
		San Antonio , TX 78254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for back to school event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2023	Texas Public Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8401 Datapoint Dr. Suite 800
		San Antonio, TX 78229
	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
		Monthly membership fee
	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 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 61/68 Rpt: 76/83	Menendez, Jose (The Honorable)  O0042411	
4	Date	5 Payee name	
	08/19/2023	Texas Public Radio	
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 8401 Datapoint Dr. Suite 800 San Antonio, TX 78229	
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  Monthly membership fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/19/2023	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	8401 Datapoint Dr. Suite 800	
		San Antonio, TX 78229	
	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	
		Monthly membership fee.	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/19/2023	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	8401 Datapoint Dr. Suite 800	
		San Antonio, TX 78229	
	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.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Monthly membership fee.	
_	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 -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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to co	-	orther (enter a category not listed above)  lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 62/68 Rpt: 77/83	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		·
	11/20/2023	Texas Public Radio		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$50.00	8401 Datapoint Dr. Suite 800		
		San Antonio, TX 78229		
8	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  Monthly membership fee.
				Monthly membership ree.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht	t Office held
	expenditure to benefit C/OI		9	-
_	Date	Payee name		
	12/16/2023	Texas Public Radio		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$50.00	8401 Datapoint Dr. Suite 800		
		San Antonio, TX 78229		
	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  Monthly membership fee.
				Monthly membership ree.
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	t Office held
	expenditure to benefit C/OI	Н		
	Date	Payee name		
	09/01/2023	Texas Retired Educators Deferred Divided Ass	socia	iation
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$100.00	P.O. Box 28295		
		San Antonio , TX 78228		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense  Donation for lunch fundraiser
				Donation for fution futing and
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	t Office held
	expenditure to benefit C/OI		5	

#### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/68 Rpt: 78/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	11/01/2023	Texas Senate Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	P. O. Box 12068
		Austin, TX 78711
8	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  Half payment of 2023 membership dues
		Than paymont of 2020 monipoliting duce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/24/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gavel as an award to a local organization.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	David and a second a second and
	Date 08/23/2023	Payee name Texas Senate
	Amount (\$) \$80.00	Payee address; City; State; Zip Code P.O. Box 12068
	φου.υυ	F.O. Box 12000
		Austin, TX 78711
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gavels for constituents.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit G/OI	<u> </u>

### 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 (potter a category net listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 64/68 Rpt: 79/83	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	09/14/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.00	P.O. Box 12068
		Austin, TX 78711
8	PURPOSE	
٠	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Texas flags for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/01/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	P.O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Senate calendars for constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/01/2023	Texas Silver-Haired Legislative Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$950.00	3006 Bee Caves Road
		Suite C-250
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Full page ad in the directory
	Complete Chilly '' ''	Condidate/Officeholder name
	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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)	$\overline{}$
	Sch: 65/68 Rpt: 80/83	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	09/25/2023	The Texas Tribune	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.70	919 Congress Avenue	
		6th Floor	
		Austin, TX 78701	
8	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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Monthly membership fee.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	=
	10/24/2023	The Texas Tribune	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$51.70	919 Congress Avenue	
	Ψ01.10	6th Floor	
		Austin, TX 78701	
	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	
		Monthly membership fee.	
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/24/2023	The Texas Tribune	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.70	919 Congress Avenue	
		6th Floor	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Monthly membership fee.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onponditure to belieff 0/01		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense 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/Political Credit Card Payment			mmittee	Legal Services  The Instruction G	Salaries/Wages/Contract Labor how to complete this form.				OTHER (enter a category not listed above)			
-	Total pages Schodule F1:	2	FILER NAME		•		•		3	Filer ID	(Ethics Con	nmission Filers)
	Total pages Schedule F1: Sch: 66/68 Rpt: 81/83	2		: Jose (The Hon	orable)				3	00042411	•	iiiiissioii Fileis)
4	Date	5	Payee name						<u> </u>			
	12/26/2023	٦	The Texas	Tribune								
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$51.70		919 Congre	ss Avenue	·	•						
			6th Floor									
				70701								
Ļ		_	Austin, TX 7			-						
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description				_
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Co , officeholder livii	mplete Schedule	1.
								Monthly mem			ng expense	
								wonany mon		romp roo.		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	    Dffice sou	ght			Office h	neld	
	expenditure to benefit C/O	1										
	Date		Payee name									
	07/11/2023		Thompson I	Neighborhood A	Association							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$500.00		138 Allenda	le								
			San Antonio	o, TX 78226								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				<b>-</b>			mplete Schedule	т.
	EXI ENDITORE		Candidate/0	Officeholder/Pol	itical Comm	nittee		<b>—</b>		officeholder livii		
								Donation to the scholarship for			neighborho	od association
								- Soriolaisiip ii				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	experientare to benefit 6/61											
	Date		Payee name									
	09/05/2023		Thompson I	Neighborhood A	Association							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$100.00		138 Allenda	le								
			San Antonio	o, TX 78226								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			ш			mplete Schedule	т.
	EXPENDITORE		Candidate/0	Officeholder/Pol	itical Comm	nittee		ш		officeholder livi		
								Donation for	Ne	ighbors To	gether even	τ
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office I	neld	
L	experience to beliefft C/Of	<u>'</u>							_			

#### SCHEDULE F1

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

	Candidate/Officenoider/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: 67/68 Rpt: 82/83	Menendez, Jose (The Honorable) 00042411							
4	Date	5 Payee name							
	10/16/2023	Thompson Print & Mailing Solutions							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$64.95	5818 Rocky Point Drive							
		San Antonio, TX 78249							
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  Embroidery of senate seal shirts for officeholder							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	<del>'</del>							
	Date	Payee name							
	09/01/2023	Trinity University							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$110.00	106 Oakmont Ct.							
		San Antonio , TX 78212							
	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  Registration fees to attend two seminars.							
		The great all of the community of the co							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	<del>1</del>							
	Date	Payee name							
	09/05/2023	Young Women's Leadership Academy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	2123 W. Huisache							
		San Antonio, TX 78201							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.							
		Candidate/Officeholder/Political Committee							
		Donation for the Cardinal Schate Liquette diffici.							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	•							

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expens	ad/Rental Expense se se s/Contract Labor		Travel in District Travel Out of Dis	duipment & Related Expense strict 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	Ē			3	Filer ID	(Ethics Commission Filers)
	Sch: 68/68 Rpt: 83/83		Menendez,	Jose (The Honorable)				00042411	
4	Date	5	Payee name	r			<u> </u>		
l	10/05/2023			o Communications Inc					
<u>_</u>	Amount (\$)	7	Payee addre		; Zip Code				
ľ	\$160.02	l'		ess;	, Zip Coue				
	\$100.02		33 Allilauei	ii bivu, olii Fiooi					
l									
l			San Jose, (	CA 95113					
8	PURPOSE	(a)	Category (S	see Categories listed at the top of this sch	nedule) (b)	Description			
l	OF EXPENDITURE		Fees					ide of Texas. Com	
l	LAFLINDITORE					_		, officeholder living	expense
						Fee for Zoon	n se	ervices	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office sought			Office he	eld
	experiulture to beliefit C/Or	1							
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