CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/	OH Instruction C	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages file 89	
				00068103			,
	NDIDATE / FICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
NA		The Honorable	Eugene Y.			Date Received	
						ELECTRONICA	
		NICKNAME	LAST		SUFFIX	01/16/2024	
		Gene	Wu				
4 CA	NDIDATE /	ADDRESS / PO BOX;	APT / SUITE #: CI	TY:	ZIP CODE	Date Hand-delivered or	Date Postmarked
	FICEHOLDER	5522 Jessamine	,,	,			
		COLL DECOUNTR				Receipt #	Amount
AD	DRESS						
	Change of Address	Houston, TX 77081				Date Processed	
						Date Imaged	
						Date intageu	
5 CA	MPAIGN	MS / MRS / MR	FIRST		MI		
	EASURER				IVII		
NA	ME	Mr.	Gerald M.				
		NICKNAME	LAST		SUFFIX		
			Birnberg				
6 CA	MPAIGN	STREET ADDRESS (NC		ΔΡ	T / SUITE #; CITY;	STA	TE; ZIP CODE
	EASURER	843 W Friar Tuck	TO BOXT LEASE),		1730HL#, CH1,	514	TE, ZII CODE
AD	DRESS	843 W Fhat Tuck					
(Res	sidence or Business)						
ì	,	Houston, TX 77024					
	MPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
	EASURER ONE	(713) 981-9595					
	ONL						
8 RE	PORT						
TY	PE	X January 15	30th day befor	re election	Runoff	15th day after carr	npaign treasurer
						appointment (office	eholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (Attac	ch C/OH-FR)
					reporting limit		
	RIOD	Month Day Ye	ear		Month Day	Year	
СО	VERED	07/01/2023	Т	HROUGH	12/31/2023	3	
10 FLF	ECTION	ELECTION DAT	-		ELECTION TYPE		
				Primary	Runoff	Other	
		Monan Day Te		i iiiiai y			
				General	Special		
11 OF	FICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
		State Representative	District 137		State Representa		
	GO TO PAGE 2						
L							
Forms	provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	IS	Versi	on V3.5.1.0bfcfb67

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 89

13 C / OH NAME	14 Filer ID 00068103	(Ethics Com	mission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	eholder's kn	o support the owledge or expenditures.						
Additional Pages COMMITTEE TYPE COMMITTEE NAME								
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEM			0.00			
			ee	\$	0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	34,106.56			
EXPENDITURE TOTALS	\$	0.00						
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	53,202.10			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$	86,996.59			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	15,000.00			
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Hon	orable Eugene Y. W	/u				
		Signature of	Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the		day			
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administer	ing oath			
		www.othios.state.tv.us		.,	(2 E 1 0bfofb67			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 89 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00068103 Wu, Eugene Y. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 32,947.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 1,159.56 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 53,202.10 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 292.18 TO FILER

The Instruc	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/89	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	e Y. (The Honorable)		00068103	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/01/2023	Anderson, Kenneth	,		\$250.00
	6 Contributor address; City; State; Zip Code	,	1	I
		,		
		,		
	Houston, TX 77063-3812			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Professional	Educator	The Monarch School		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/13/2023	CGE International LLC	,		\$500.00
	Contributor address; City; State; Zip Code		1	I
		,		I
		,		
	Hempstead, TX 77445			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/13/2023	Cash, Unitemized	,		\$200.00
	Contributor address; City; State; Zip Code		1	
		,		
		,		
!	Houston, TX 77002			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Unitemized C	Cash	Unitemized Cash		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/13/2023	Chen, Fan			\$500.00
	Contributor address; City; State; Zip Code	1	1	
1				
1		,		
<u> </u>	Houston, TX 77042	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions		
manager		MOSAIC paradigm law (
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/12/2023	Chen, Guangyi	!		\$300.00
1	Contributor address; City; State; Zip Code	,		
1		,		
1	Sugar Land TV 77470	,		
Dringing ago	Sugar Land, TX 77479			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Engineer		Helios		
1				
1				

SCHEDULE	A1
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Ē	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/89	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Wu, Eugene	Y. (The Honorable)			00068103	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/16/2023	Chen, Jenny				\$2.00
		6 Contributor address; City; State; Zip Code				
		Ocala, FL 34474-5736				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
			Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/13/2023	Chen, Ke				\$300.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Kc United Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2023	Chen, Sijin				\$100.00
		Contributor address; City; State; Zip Code				
	Drive sized energy	Spring, TX 77389		Ĺ		
	Principal occu Analyst	ipation / Job title (See Instructions)	Employer (See Instructions Exxonmobil	5)		
	-		EXAULITIUDII	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+000.00
	11/13/2023	Chen, Yi Liang				\$300.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> יו		
	Not employe		Not employed	9		
╞				<u> </u>	Amount of Contribution (\$)	
	Date 11/13/2023	Full name of contributor out-of-state PAC (ID#: Chen, Yi Liang)		Amount of Contribution (\$)	\$1,000.00
		-				Φ1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	[;)		
	Manager		CPSS	,		
⊢			<u> </u>			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/89	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Wu, Eugene	Y. (The Honorable)			00068103	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/12/2023	Chen, Yvonne				\$300.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Sugar Land, TX 77498				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Assistant		Manager			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/13/2023	Chen, Zhuo				\$1,100.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Missouri City, TX 77459				
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	President		Commons at Mission Be	Bend	Investment	
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/13/2023	Du, David				\$2,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Cypress, TX 77433	t <u>.</u>			
	-	pation / Job title (See Instructions)	Employer (See Instructions			
	General Mar	lager	American SMS Real Es	state		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2023	Duan, Crystal				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Haustan TV 77024				
	Drizpinal appu	Houston, TX 77024		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions Halliburton	IS)		
	Engineer					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷=00.00
	11/13/2023	Fan, Yuxin				\$500.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Houston, TX 77096				
<u> </u>	Dringingl occu		Employer (See Instruction	<u> </u>		
	Assistant Pro	pation / Job title (See Instructions) ofessor	Employer (See Instructions Baylor College of Medic			
	Assistant 1 1		DayIUI CUILEYE OF MCCIC	Cine		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/89	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		Y. (The Honorable)			00068103	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/13/2023	Feng, Jianwei				\$2,000.00
	,	6 Contributor address; City; State; Zip Code		1		
	P					
	ł	1	1			
		Bellaire, TX 77401	, 			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/29/2023	Gederberg, Thomas	1			\$50.00
	,	Contributor address; City; State; Zip Code		1		
	1		,			
	P	1	,			
	P	Houston, TX 77025				
\vdash	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Engineer		Boeing	,		
╞				_	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀሳር ባበ
	11/16/2023	Hammons, Katherine	!]		\$25.00
	,	Contributor address; City; State; Zip Code	,			
	,	1	,			
	,		,			
L		Houston, TX 77035	<u> </u>			
		ipation / Job title (See Instructions)	Employer (See Instructions			
	International	Services Associate	Baylor College of Medic	ine	;	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/13/2023	He, Ping	,			\$500.00
	1	Contributor address; City; State; Zip Code		1		
	P					
	P		1			
	1	Houston, TX 77056	,			
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Dentist		Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	11/13/2023	He, Yan	/ I			\$300.00
	11/10/2020		!	ł		ψ000.00
	ł	Contributor address; City; State; Zip Code	1			
	P	1				
	ł	Ourroad TV 77422	1			
\vdash		Cypress, TX 77433		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
Ļ				Sch: 5/15 Rpt: 8/89	· _ =:!
2	FILER NAME Wu, Eugene	Y. (The Honorable)		3 Filer ID (Ethics Commiss 00068103	sion Filers)
4	Date 11/16/2023	5 Full name of contributor out-of-state PAC (ID#: Hong, Zhibin)	7 Amount of Contribution (\$)) \$25.00
		6 Contributor address; City; State; Zip Code			
		Plano, TX 75025			
8			9 Employer (See Instructions)	s)	
	data analyst		North Texas food bank		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$))
	11/12/2023	Huang, Wen			\$100.00
	I	Contributor address; City; State; Zip Code			
		1			
		1			
		Katy, TX 77494			
		pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Engineer		Doris Inc		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/13/2023	Jamesou, Qunzhen			\$300.00
	I	Contributor address; City; State; Zip Code]		
		I			
	- ' '!	Sugar Land, TX 77479			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)	
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$))
	11/13/2023	Jiang, Yue			\$100.00
	I	Contributor address; City; State; Zip Code			
		1			
L		Fort Worth, TX 76137]		
		pation / Job title (See Instructions)	Employer (See Instructions)	S)	
L	Dentist		Hometown Dental		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	11/13/2023	Jing, James			\$300.00
	l	Contributor address; City; State; Zip Code			
		1			
		Lauren TV 7700E			
	Duincipal accu	Houston, TX 77005		<u> </u>	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
			<u>.</u>		

	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/89	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
-		Y. (The Honorable)				00068103	5111 11010)
4	Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7	Amount of Contribution (\$)	
	11/12/2023	Jun, Gao					\$100.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77025					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	engineer			jun gao			
	Date	Full name of contributor out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	07/02/2023	King, Meisheng					\$100.00
		Contributor address; City; State; Zip Code					
		Orlando, FL 32836-5052					
		ipation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	2d		Not Employed			
	Date		AC (ID#:)		Amount of Contribution (\$)	
	07/07/2023	LU, Hongda					\$25.00
		Contributor address; City; State; Zip Code					
		Auctin TV 78750-7772					
	Dringing occu	Austin, TX 78759-7772		Employer (See Instructions	<u> </u>		
	Engineer	pation / Job title (See Instructions)		Sarc)		
	Date		AC (ID#:)		Amount of Contribution (\$)	<u>ቀ</u> 1 000 00
	11/13/2023	Le, Stephen					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77036					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Real Estate			Greatland Investment	,		
	Date	Full name of contributor out-of-state P/)		Amount of Contribution (\$)	
	07/01/2023		AC (ID#			Allount of Contribution (+)	\$250.00
	•	Contributor address; City; State; Zip Code					
		Pearland, TX 77584-2072					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Power Struc	turing Manager		Engie			
			I				

	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/89	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
		Y. (The Honorable)				00068103	, , , , , , , , , , , , , , , , , , ,
4	Date	5 Full name of contributor	it-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/10/2023	Li, Shaochen					\$80.00
		6 Contributor address; City; State; Zip	p Code				
		Allen, TX 75013-2784					
8	Principal occu	pation / Job title (See Instructions)	T	9 Employer (See Instructions	;)		
	Not Employe			Not Employed			
╞	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/13/2023	Li, Theirry	[0] oldie : / e (.=	/		, unduit of 22000000 (\$1,000.00
		Contributor address; City; State; Zip					T 1 - ·
			50000				
		Houston, TX 77084					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not employe	d		Not employed			
╞	Date	Full name of contributor 🛛 out	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/13/2023	Li, Xiulani					\$1,000.00
		Contributor address; City; State; Zip	p Code				
		Stafford, TX 77477					
	-	pation / Job title (See Instructions)		Employer (See Instructions			
	President			Texas NE Chinese Assn	۱.		
	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/12/2023	Liang, Jenny					\$300.00
		Contributor address; City; State; Zip	ρ Code				
	D 1	Bellaire, TX 77401	r		Ĺ		
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions)		
				Self employed			
	Date		it-of-state PAC (ID#:)		Amount of Contribution (\$)	+200.00
	11/12/2023	Liu, Genming					\$300.00
		Contributor address; City; State; Zip	p Code				
		Houston, TX 77036					
\vdash	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	9		
<u> </u>			I				

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/89	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		Y. (The Honorable)			00068103	11 110.07
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/07/2023	Liu, Janet				\$200.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Dallas, TX 75287-5019				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	IT		AmerisourceBergen			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/12/2023	Liu, Wei				\$25.00
	ł	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Austin, TX 78746				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software eng	gineer	Dell			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/13/2023	Liu, Xin				\$300.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Pearland, TX 77584				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software Eng	gineer	Unipec America			
	Date)	Γ	Amount of Contribution (\$)	
	11/12/2023	Liu, Xin				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	D 1 divid eeeu	Grand Prairie, TX 75052		Ĺ		
	-	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Not Employe		Not Employed	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2023	Liu, Zach				\$250.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Kate TV 77460				
	Driveixel easy	Katy, TX 77450		ŕ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Petrophysicis	ST	Kinder Morgan			
1						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/89	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		Y. (The Honorable)			00068103	, , ,
4	Date	5 Full name of contributor X out-of-state PAC (ID#	t: <u>C00097485</u>)	7	Amount of Contribution (\$)	
	11/13/2023	Merck PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Washington, DC 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#	÷:)		Amount of Contribution (\$)	÷50.00
	11/13/2023					\$50.00
		Contributor address; City; State; Zip Code				
		Savannah, GA 31405				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	<u>і</u> s)		
	Not Employe		Not Employed	.,		
	Date	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	11/08/2023	Nicar, Min	·/			\$300.00
		Contributor address; City; State; Zip Code		1		
		Katy, TX 77493				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Manager		ALOAN mortgage Llc			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	11/12/2023	Peng, Cong				\$20.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77584				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L	Health Care		Riverstone			
Γ	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	11/13/2023	Peng, Xinyu				\$300.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L						

The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/89	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Y. (The Honorable)				00068103	,
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
11/13/2023	Pi, Zhouyue				\$1,000.00	
	6 Contributor address; City; St	tate; Zip Code		1		
C Dringing ogg	Allen, TX 75013		C Employer (Coo Instructions			
8 Principal occup President	pation / Job title (See Instructions))	9 Employer (See Instructions EZTABL LLC	5)		
				<u>г</u>	the state of the s	
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	* 200.00
11/13/2023	Qiu, Jiyan					\$300.00
	Contributor address; City; Sta	ate; Zip Code				
	Houston, TX 77072					
Principal occur	pation / Job title (See Instructions)	;)	Employer (See Instructions	 5)		
		,		,		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/29/2023	Redding, Kate			· · · · · · · · · · · · · · · · · · ·	\$25.00	
	Contributor address; City; Sta			1		
	Denver, CO 80220					
	pation / Job title (See Instructions))	Employer (See Instructions	5)		
Not Employe	d		Not Employed			
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
07/01/2023	Revis, Lynne					\$25.00
	Contributor address; City; Sta					
	Houston, TX 77077-6131					
Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ນ		
Family Truste		,	W. W. Wolffer Trust	,		
Date	Full name of contributor	out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
12/04/2023	Sha, Li Sally		/			\$2,600.00
		tate [.] Zin Code				Ψ=,
	Houston, TX 77024					
Principal occup	pation / Job title (See Instructions)	i)	Employer (See Instructions	5)		
CEO			Huaxin Holding LLC			

_							
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/89	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		Y. (The Honorable)				00068103	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/12/2023	Su, Jingdong					\$25.00
	I	6 Contributor address; City; Sta	ate; Zip Code				
	I						
	I						
Ļ		Sugar Land, TX 77479		<u> </u>	Ĺ		
8		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Engineer			Hitachi Energy	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2023	Tang, Zongfa					\$1,000.00
	I	Contributor address; City; Sta	ate; Zip Code				
	I						
	I	Koty TV 77/04					
	Dringing occu	Katy, TX 77494		Employer (See Instructions	<u> </u>		
	Consultant	pation / Job title (See Instructions)	1	Hibachi Grill Buffet	5)		
⊨		1 <u></u>			1		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#20.00
	11/12/2023	Teng, Junwei					\$20.00
	I	Contributor address; City; Sta	ate; Zip Code				
	I						
	I	Austin, TX 78730					
⊢	Principal occu	I pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> ;)		
	PM	· · · ·	I	Tech company			
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2023	Waller, James				,	\$50.00
			ate: Zip Code				-
	I		xio, <u></u> p 0				
	I						
	I	New York, NY 10128					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Attorney		I	New York City Governm	ner	t	
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/12/2023	Wang, Rong					\$300.00
	ł	Contributor address; City; Sta	ate; Zip Code				
	I						
	I						
		Houston, TX 77025					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Principal			Houston Dragon Acader	my		

	The Instru	ction Guide explains how to complete	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/89			
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Wu, Eugene	Y. (The Honorable)				00068103	-
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	11/12/2023	Wang, Xiangfei					\$300.00
		6 Contributor address; City; State; Zip Code					
		Missouri City, TX 77459					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Manger			Fujian Double HeronUS	A		
	Date	Full name of contributor 🔲 out-of-state PA)		Amount of Contribution (\$)		
	11/13/2023	Wang, Yinzhao					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		AC (ID#:)		Amount of Contribution (\$)	
	11/29/2023	Wendland, Erik					\$25.00
		Contributor address; City; State; Zip Code					
		Euless, TX 76040	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			Slalom	_		
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/21/2023	Xi, Yuanxin					\$500.00
		Contributor address; City; State; Zip Code					
	Detectional ensure	Pearland, TX 77584			Ĺ		
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions MD Anderson	5)		
	-				-		
	Date	Full name of contributor Out-of-state PA	λC (ID#:)		Amount of Contribution (\$)	÷0.000.00
	11/13/2023	Xu, Sandy					\$2,000.00
		Contributor address; City; State; Zip Code					
		Houston TX 77024					
L	Dringing ago	Houston, TX 77024		Employer (Cas Instructions	<u> </u>		
	Realtor	pation / Job title (See Instructions)		Employer (See Instructions Orca Realty, LLC	5)		
	Realiu			Olda Really, LLC			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/89	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		e Y. (The Honorable)			00068103	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#	÷)	7	Amount of Contribution (\$)	
	11/07/2023	Yang, Deqing				\$2,000.00
		6 Contributor address; City; State; Zip Code		1		
_	Dringing oog	Houston, TX 77036-5114	Contractor (Contractions			
8	Principal occu Insurance A	upation / Job title (See Instructions)	9 Employer (See Instructions Allwin Insurance	;)		
		-		—		
	Date	Full name of contributor out-of-state PAC (ID#)	:)		Amount of Contribution (\$)	÷0.000.00
	11/07/2023	Yang, Deqing				\$2,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77036				
	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		gency owner	Allwin Insurance Agency			
-	Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	07/01/2023	You, Leyuan	,			\$250.00
	•••••	Contributor address; City; State; Zip Code		•		
		Austin, TX 78746-6367				
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Professor		Texas State university			
	Date	Full name of contributor out-of-state PAC (ID#	······)		Amount of Contribution (\$)	
	07/02/2023	Yu, Kevin				\$100.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459-5122				
_	Drincinal Occi	Inissouri City, 1X 77459-5122	Employer (See Instructions	<u> </u>		
	Real Estate		Self Employed	'n		
╞━		Full name of contributor Out-of-state PAC (ID#		—	Amount of Contribution (¢)	
	Date 12/16/2023	Full name of contributor out-of-state PAC (ID#: Yuan, Jun	:)		Amount of Contribution (\$)	\$100.00
		Contributor address; City; State; Zip Code		$\left \right $		Ψ100.00
		Continuation address, Gity, State, Zip Code				
		Pflugerville, TX 78660-4844				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	Not Employe	ed .	Not Employed			
			-			
4						1

				·			
	The Instru	ction Guide explains how	/ to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/89	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		e Y. (The Honorable)				00068103	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/13/2023	Zhang, Elaine	—				\$500.00
		6 Contributor address; City; St	tate; Zip Code		1		
		Katy, TX 77494					
8	Principal occu	upation / Job title (See Instructions	\$)	9 Employer (See Instructions	5)		
	Senior VP &	In-House Counsel		Credus Group			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/13/2023	Zhang, Xiao	· -				\$300.00
		Contributor address; City; St			ł		* *
			ale, zip coue				
		Missouri City, TX 77459					
	Principal occu	upation / Job title (See Instructions	-)	Employer (See Instructions	<u> </u>		
	Ρπιομαί στου	pallon / Job line (See manuchions)	,		5)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	11/13/2023	Zhao, Caijiao		/		Allount of Continention (+)	\$1,000.00
	11/10/2020		tata: Zin Cada		ł		Ψ1,000.00
		Contributor address; City; St	ate; Zip Coue				
		Austin, TX 78730					
_	Drincinal occu	upation / Job title (See Instructions	~	Employer (See Instructions	<u> </u>		
	Economist		, ,	Amherst	<i></i> ,,		
		1			—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷ 35.00
	07/01/2023	Zhong, Bin]		\$25.00
		Contributor address; City; St					
		Thousand Oaks, CA 9136					
	Principal occu	upation / Job title (See Instructions	(ذ	Employer (See Instructions	3)		
	software eng	Jineer		IBM			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/13/2023	Zhong, Zhibin	—				\$300.00
		Contributor address; City; St		1			
		Sugar Land, TX 77479					
\vdash	Principal occu	upation / Job title (See Instructions	=)	Employer (See Instructions	<u>ال</u>		
	T moipai cocc.		, 1		"		
⊢			J	<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 15/15 Rpt: 18/89
2 FILER NAME 3 Wu, Eugene Y. (The Honorable)	Filer ID (Ethics Commission Filers) 00068103
	Amount of Contribution (\$) \$300.00
Missouri City, TX 77459 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
SDE Tibco	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/89
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Wu, Eugene	e Y. (The Honorable)		00068103
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
11/13/2023	Sha, Sally		contribution (\$) description \$909.56 I Event expenses
	7 Contributor address; City; State; Zip Code		
	Sugar Land, TX 77479		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Manager			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution
10/12/2023	TREPAC/Texas Association of Realtors		contribution (\$) description \$250.00 I Event advertising
	Contributor address; City; State; Zip Code		
	Austin, TX 78768-2246	i	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/69 Rpt: 20/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 12/04/2023	Payee name7-Eleven							
6	Amount (\$) \$38.92	 Payee address; City; State; Zip Code 1696 Spring Cypress Rd Spring, TX 77388 							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/22/2023	7-Eleven							
	Amount (\$) \$33.42	Payee address; City; State; Zip Code 1696 Spring Cypress Rd Spring, TX 77388 Spring, TX 77388							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/17/2023	888 Beijing Chinese Restaurant							
	Amount (\$) \$23.26	Payee address; City; State; Zip Code 6121 Hillcroft St 1738 Houston, TX 77081							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense eimbursed to Aimee Mobley Turney						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID		(Ethics Commission Filers)	
	Sch: 2/69 Rpt: 21/89		Wu, Euger	ie Y. (Ti	he Honorab	ole)					0006810	03		
4	Date	5	Payee name	,										
	08/17/2023		888 Beijing	Chines	se Restaura	ant								
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	ode						
	\$36.05		6121 Hillcr	oft St										
			1738											
			Houston, T	X 7708	1									
8	PURPOSE	(a)	Category (s	See Catego	ries listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beve				ouuloj			outsi	de of Texas.	Comp	lete Schedule T.	
	EXPENDITORE									, TX, officeholder living expense				
									Staff meals -	reir	mbursed	to A	imee Mobley Turney	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholde	er name	C	Office sou	ight			Offic	e hel	ld	
	Data	<u> </u>												
	Date		Payee name			- nt								
	08/17/2023				se Restaura									
	Amount (\$)		Payee addre		City;	State;	Zip Co	bde						
	\$29.79		6121 Hillcr	oft St										
			1738											
			Houston, T	X 7708	1									
	PURPOSE	(a)	Category (S	See Catego	ries listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Food/Beve	rage Ex	kpense							•	lete Schedule T.	
									Check if Austin				Nimee Mobley Turney	
									Stan meals	i cii	libulocu	107	ance mobiley runney	
	Complete ONLY if direct		Candidate/Of	ficeholde	er name	C	Office sou	l ight			Offic	e hel	ld	
	expenditure to benefit C/OI	Н						0						
	Date		Payee name	9										
	08/11/2023		AAPI Legis	lative C	Caucus									
	Amount (\$)		Payee addre	ess;	City;	State;	Zip Co	ode						
	\$188.58		1020 N St											
			Sacrament	o, CA 9	5814									
	PURPOSE	(a)	Category (s	See Catego	ries listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Contributio	ns/Don	ations Mad	е Ву						•	lete Schedule T.	
	EXPENDITORE		Candidate/	Officeh	older/Politic	cal Comm	ittee		Check if Austin		officeholder	living	expense	
									Event tickets					
	Complete ONL V if direct	Ľ	Candidate/Of	ficobolds	rnama		Office cou				Offic		Id	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januiuale/UT	ncenoide	er name	Ĺ	Office sou	iynt			UIIC	e në	iu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Comm	ission Filers)		
	Sch: 3/69 Rpt: 22/89		Wu, Eugene Y. (The Honorable)00068103								
4	Date	5	Payee name								
	12/08/2023		Access Valet Parking								
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	ode						
	\$297.69		PO Box 41983								
			Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule)	(b)	Description					
	OF EXPENDITURE		Transportation Equipment & Relate	ed				de of Texas. Complete Schedule T.			
			Expense			Parking	, TX,	X, officeholder living expense			
						Faiking					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ıght			Office held			
	Date		Payee name								
	08/29/2023		Afghan Village								
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode						
	\$148.86		6413 Hillcroft St								
			Houston, TX 77081								
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
						Check if Austin, TX, officeholder living expense Constituent meals					
						Constituent n	iea	15			
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	 Ight			Office held			
	expenditure to benefit C/OI			Once sou	igin			Onice neid			
	Date		Payee name								
	12/06/2023		Alan's Deli								
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode						
	\$216.50		9889 Bellaire Blvd Bldg B2								
			C C								
			Houston, TX 77036		_						
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description	_				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.			
						Event food	, IX,	officeholder living expense			
	Complete ONLV if direct	Ļ	andidato/Officeholder neme	Office act	lapt			Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ignt			Unice nela			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymer rhead pense pens ages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/69 Rpt: 23/89		Wu, Eugene Y. (The Honorable)					00068103		
4	Date	5	Payee name							
	08/17/2023		Amazon.com							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$32.26		PO Box 81226							
			1738							
			Seattle, WA 98108							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b)	Description				
-	OF		Office Overhead/Rental Expense	edule)	()		outsi	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE							, officeholder living		
						Office supplie	es -	reimbursed	I to Aimee Mobley Turney	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office h	eld	
	Date		Payee name							
	08/17/2023		Amazon.com							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2.13		PO Box 81226							
			1738							
			Seattle, WA 98108							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense						plete Schedule T.	
								, officeholder living		
						Onice supplie	- 25	reimpursed	I to Aimee Mobley Turney	
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	thr			Office h	old	
	expenditure to benefit C/OI				JIII			Onice in		
_	Data	<u> </u>	Device norma							
	Date 08/17/2023		Payee name Amazon.com							
				Zin Co	do					
	Amount (\$) \$15.15		Payee address; City; State; PO Box 81226	Zip Co	ue					
	ψ13.15									
			1738							
			Seattle, WA 98108							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description	outei	ide of Texas Com	nplete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense					, officeholder living		
						Office supplie	es -	reimbursed	I to Aimee Mobley Turney	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/69 Rpt: 24/89		Nu, Eugene Y. (The Ho	onorable)				00068103	
4	Date 12/29/2023	I	^p ayee name Amazon.com						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$48.69 PO Box 81226 Seattle, WA 98108								
8	PURPOSE OF EXPENDITURE		Category (See Categories list Office Overhead/Renta		edule)		ı, ТХ,	de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Office sou	ht		Office he	łd
	Date		Payee name						
	10/11/2023	/	Amazon.com						
	Amount (\$) \$529.75		Payee address; City; PO Box 81226 Seattle, WA 98108	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories list		edule)		ı, ТХ,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Dffice sou	ht		Office he	eld
⊨	Date		Payee name						
	10/12/2023	I	Amazon.com						
	Amount (\$) \$378.86		Payee address; City; PO Box 81226	State;	; Zip Coo	le			
			Seattle, WA 98108						
	PURPOSE OF EXPENDITURE		Category (See Categories list Office Overhead/Renta		iedule)		ı, ТХ,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Dffice sou	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/69 Rpt: 25/89		Wu, Eugene	e Y. (The Honora	able)				00068103	
4	Date	5	Payee name							
	10/16/2023		Amazon.com	n						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de			
	\$79.06		PO Box 812	26						
			Seattle, WA	98108						
8	PURPOSE OF	(a)		e Categories listed at th		nedule)	(b) Description			
	EXPENDITURE		Office Overl	nead/Rental Exp	ense				ide of Texas. Com , officeholder living	
							Office suppl		, onicenoider living	expense
								00		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Dffice sou	ght		Office he	eld
	Date		Payee name							
	10/30/2023		Amazon.com	n						
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de			
	\$14.06		PO Box 812							
			Seattle, WA	98108						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense				ide of Texas. Com	
							Office suppl		, officeholder living	expense
							Onice Suppl	0.5		
_	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	nht		Office he	٩d
	expenditure to benefit C/Oł		Sandidate, Oni		· · · ·		gnt		Onice he	
_	Date									
	10/30/2023		Payee name Amazon.cor	n						
_					Ctoto		da			
	Amount (\$) \$39.92		Payee addres PO Box 812		State	; Zip Co	ue			
	\$39.9Z		PU DUX 012	.20						
			Seattle, WA	98108						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense				ide of Texas. Com	
									, officeholder living	expense
							Office suppl	ies		
	Osmalata Obli Milli "	L	0			D#:-			0//	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	(Office sou	gnt		Office he	210
	-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event E2 Fees Food/Be Gift/Awa mittee Legal Se	xpense verage Expense rds/Memorials Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor	Tr Tr Tr	ransportation E ravel in District ravel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)		
1	Total pages Schedule F1:	FILER NAME				3 Fi	iler ID	(Ethics Commission Filers)		
	Sch: 7/69 Rpt: 26/89	Wu, Eugene Y. (T	he Honorable)				0068103	· · ·		
4	Date 11/20/2023	Payee name Amazon.com								
6	Amount (\$)	Payee address;	City; State	; Zip Cod	0					
U	\$146.60 PO Box 81226 Seattle, WA 98108									
8	PURPOSE	Catagony			b) Description					
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	ht		Office he	ld		
	Date	Payee name								
	11/20/2023	Amazon.com								
	Amount (\$)	Payee address;	City; State	; Zip Cod	е					
	\$33.06	PO Box 81226 Seattle, WA 9810								
	PURPOSE OF EXPENDITURE	Category _(See Categor) Office Overhead/F	ories listed at the top of this sc Rental Expense	hedule) (b) Description	i, TX, off		plete Schedule T. expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	ht		Office he	eld		
-	Date	Payee name								
	11/22/2023	Amazon.com								
	Amount (\$) \$5.41	Payee address; PO Box 81226	City; State	e; Zip Cod	e					
		Seattle, WA 9810	8							
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Office Overhead/F	pries listed at the top of this sci Rental Expense	hedule)		i, TX, off	of Texas. Com ficeholder living	plete Schedule T. expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards mittee Legal Servio	age Expense /Memorials Expense	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Transportation I Travel in Distric Travel Out of Di				
1	Total pages Cabadula F1		action Guide explains i	iow to compr	ete this form.		(Ethics Commission Filers)			
1	Total pages Schedule F1: Sch: 8/69 Rpt: 27/89	-ILER NAME Wu, Eugene Y. (The	e Honorable)			3 Filer ID 00068103	(Etnics Commission Filers)			
4	Date 11/27/2023	^D ayee name Amazon.com								
6	\$5.51 PO Box 81226 Seattle, WA 98108									
8	PURPOSE OF EXPENDITURE	Category _{(See Categorie} Office Overhead/Re		edule) (b)		outside of Texas. Con n, TX, officeholder livin 2S				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name O	office sought		Office h	eld			
	Date	Payee name								
	11/30/2023	Amazon.com								
	Amount (\$) \$12.62	Payee address; C PO Box 81226 Seattle, WA 98108	ity; State;	Zip Code						
	PURPOSE OF EXPENDITURE	Category _{(See Categorie} Office Overhead/Re		edule) (b)		outside of Texas. Con n, TX, officeholder livin 2S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name O	office sought		Office h	eld			
	Date 09/05/2023	^D ayee name Amazon.com								
	Amount (\$) \$2.17	Payee address; C PO Box 81226	ity; State;	Zip Code						
		Seattle, WA 98108								
	PURPOSE OF EXPENDITURE	Category (See Categorie Office Overhead/Re		edule) (b)		outside of Texas. Con n, TX, officeholder livin BS				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder	name O	office sought		Office h	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C mmittee L	Event Expense Fees Food/Beverage Expense Sift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/69 Rpt: 28/89		Wu, Eugene	Y. (The Honora	ıble)				00068103	
4	Date	5	Payee name							
	09/05/2023		Amazon.com	ı						
6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$86.59		PO Box 8122	26						
			Seattle, WA	98108						
8	PURPOSE	(a)	Category (car	e Categories listed at th	a tan of this ash	adula)	(b) Description			
-	OF	(,		ead/Rental Exp		iedule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		0		01100		Check if Austir	n, TX,	, officeholder living) expense
							Office supplie	es		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	(Office sou	ght		Office he	eld
	Date		Payee name							
	09/08/2023		Amazon.com	ı						
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de			
	\$24.89		PO Box 8122							
			Seattle, WA	98108						
	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sch	iedule)	(b) Description			
	OF EXPENDITURE		Office Overh	ead/Rental Exp	ense				ide of Texas. Com	
							Office suppli		, officeholder living	j expense
							Onice suppli	25		
	Complete ONLY if direct		Candidate/Offic	abaldar nama			n.h.t		Office he	
	expenditure to benefit C/Oł			enoluer name	(Office sou	gni		Once ne	eiu
_		_								
	Date		Payee name							
	08/21/2023		Amazon.com	1						
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de			
	\$289.50		PO Box 8122	26						
			Seattle, WA	98108						
	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this sch	iedule)	(b) Description			
	OF EXPENDITURE			ead/Rental Exp		ŕ			ide of Texas. Com	
	EXPENDITORE								, officeholder living	j expense
							Office supplie	es		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght		Office he	eld
	superioration to benefit 0/01	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 10/69 Rpt: 29/89		Eugene Y. (The Honorat	ole)				00068103	· · ·
4	Date 08/28/2023	5 Payee Amaz	name Ion.com						
6	Amount (\$)	7 Payee	address; City;	State;	Zip Coo	le			
	\$151.52 PO Box 81226 Seattle, WA 98108								
8	PURPOSE OF		ory (See Categories listed at the Overhead/Rental Expe		edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austir Office supplie		, officeholder living	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	Payee	name						
	07/28/2023	Amaz	on.com						
	Amount (\$)	Payee	address; City;	State;	Zip Coo	le			
	\$110.25		ox 81226 Ie, WA 98108						
	PURPOSE OF EXPENDITURE	a) Categ	ory (See Categories listed at the Overhead/Rental Expe		edule)		n, TX,	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office soug	ht		Office he	eld
-	Date	Pave	name						
	08/07/2023		o Mart						
	Amount (\$) \$31.77		address; City; Chimney Rock Rd	State;	Zip Coo	le			
		Hous	ton, TX 77081		i				
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the portation Equipment & Inse		edule)			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candid	ate/Officeholder name	C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Imittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 11/69 Rpt: 30/89		Wu, Eugene Y. (The Honorabl	le)				00068103		
4	Date	5	Payee name							
	12/11/2023		Apollo Answering Service							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$113.66		PO Box 70919							
	Houston, TX 77270									
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this coh	odulo)	b) Description				
-	OF		Office Overhead/Rental Exper		ieuuie)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE			100		Check if Austir	ы, ТХ,	, officeholder living expense		
						Telephone s	ervi	ice		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ht		Office held		
	Date		Payee name							
	11/13/2023		Apollo Answering Service							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$79.02		PO Box 70919	Olato,	, <u>Lip oot</u>					
	ψ19.02		FO B0X 70919							
			Houston, TX 77270							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Office Overhead/Rental Exper		edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
						Telephone s	ervi	ice		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	10/16/2023		Apollo Answering Service							
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le				
	\$72.53		PO Box 70919	,	, 1					
			Houston, TX 77270							
	PURPOSE OF		Category (See Categories listed at the to		iedule)	b) Description				
	EXPENDITURE		Office Overhead/Rental Exper	ise			n, TX	ide of Texas. Complete Schedule T. , officeholder living expense iCE		
-	Complete ONLY if direct	L	andidate/Officeholder name		Office soug	ht		Office held		
	expenditure to benefit C/Oł			C	2000 3000					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 12/69 Rpt: 31/89		Wu, Eugene Y. (The Honorable)					00068103	
4	Date	5	Payee name						
	09/18/2023		Apollo Answering Service						
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е			
	\$63.87		PO Box 70919						
			Houston, TX 77270						
8	PURPOSE	(a)	Category (See Categories listed at the top o	of this sche	edule) (b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Telephone se	ervi	ce	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	O	office soug	nt		Office held	
	Date		Payee name						
	08/21/2023		Apollo Answering Service						
	Amount (\$)		Payee address; City;	State;	Zip Cod	9			
	\$61.70		PO Box 70919	,					
	\$01 110								
			Houston, TX 77270						
	PURPOSE OF	(a)	Category (See Categories listed at the top o	of this sche	edule)	b) Description			
	EXPENDITURE		Office Overhead/Rental Expense	e				ide of Texas. Complete Schedule T. , officeholder living expense	
						Telephone s			
						relephone 3			
	Complete ONLY if direct		andidate/Officeholder name	0	office soug	nt		Office held	
	expenditure to benefit C/OI			Ū	ince coug				
_	Date		Payee name						
	07/24/2023		Apollo Answering Service						
	Amount (\$)	-	Payee address; City;	Stato:	Zip Cod	2			
	\$53.04		PO Box 70919	State,	Zip Cou	5			
	φ 33.0 4		PO B0X 70919						
			Houston, TX 77270						
	5055005								
	PURPOSE OF	(a)	Category (See Categories listed at the top o		edule)	b) Description	outo	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense	9				, officeholder living expense	
						Telephone se			
-	Complete ONLY if direct		andidate/Officeholder name	0	office soug	nt		Office held	
	expenditure to benefit C/OI			0	mee souy	it.			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 13/69 Rpt: 32/89	Wu, Eugene Y. (The Honorable)	00068103							
4	Date 07/14/2023	Payee name Austin Cab								
6	Amount (\$) \$54.90 7 Payee address; City; State; Zip Code 1135 Gunter St Austin, TX 78702									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/17/2023	Avenida Garage								
	Amount (\$) \$25.00	Payee address;City;State; Zip Code1600 Lamar St1738Houston, TX 77010								
	PURPOSE OF EXPENDITURE	Expense Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense abursed to Aimee Mobley Turney							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/14/2023	Avis.com								
	Amount (\$) \$50.00	Payee address;City;State;Zip CodePO Box 699000								
		Tulsa, OK 74169								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 14/69 Rpt: 33/89		Wu, Eugene Y. (The Honorable)				00068103			
4	Date	5	Payee name							
	08/17/2023		Beck's Prime							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$86.89		2902 Kirby Dr	•						
	1738									
	Houston, TX 77098									
8	PURPOSE	(a)			(b) Description					
ľ	OF	(4)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense			
					Staff meals -	rei	mbursed to Aimee Mobley Turney			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	10/10/2023		Bellaire Express							
Amount (\$) Payee address; City; State; Zip Code										
	\$26.79 6512 S Rice Ave									
			Bellaire, TX 77401							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
-	Date	_	Davias name							
	07/05/2023		Payee name Bellaire Express							
_			•	Zin Co	40					
	Amount (\$) \$53.38		Payee address; City; State; 6512 S Rice Ave	; Zip Co	le					
	φ 33.30		USIZ S RICE AVE							
			Bellaire, TX 77401							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Transportation Equipment & Related Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	t		Office held			
	expenditure to benefit C/OF				•					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Off Po Pri Sa	fice Overf olling Expe inting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 15/69 Rpt: 34/89		Wu, Eugene Y. (The Honorable)					00068103	
4	Date	5	Payee name						
	07/20/2023 Bellaire Express								
6 Amount (\$) 7 Payee address; City; State; Zip Code									
\$28.89 6512 S Rice Ave									
	Bellaire, TX 77401								
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule	e) (b) Description			
	OF EXPENDITURE		Transportation Equipment & Relate		()		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE		Expense				ι, TX,	, officeholder living expense	
						Fuel			
_				0.11					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	e soug	nt		Office held	
	Date		Payee name						
	08/17/2023		Bijan						
	Amount (\$)		Payee address; City; S	State; Z	ip Cod	е			
	\$82.00		5922 Hillcroft St						
			1738						
			Houston, TX 77036						
_	PURPOSE	(a)	Category (See Categories listed at the top of th			b) Description			
	OF		Food/Beverage Expense	lis schedule	e) `		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austir	n, TX,	, officeholder living expense	
						Staff meals -	rei	mbursed to Aimee Mobley Turney	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e soug	nt		Office held	
	Date		Payee name						
	08/17/2023		Bijan						
	Amount (\$)			State; Z	in Cod	2			
	\$65.62		5922 Hillcroft St	, <u>–</u>					
	\$00.0 <u>2</u>		1738						
			Houston, TX 77036			•			
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule	e) (b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense	
								mbursed to Aimee Mobley Turney	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	e soug	nt		Office held	
┣─									

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office C Polling Printing Salaries	Overhe Expen Exper S/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 16/69 Rpt: 35/89		Wu, Eugene Y. (The Honorable)					00068103	
4	Date	5	Payee name						
	11/21/2023		Brandy Ho's						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$153.70		217 Columbus Ave						
			San Francisco, CA 94133						
8	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.	
							η, TX,	, officeholder living expense	
						Meals			
_			An didata (Office he later respect	Office				Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	Jugn	l		Office field	
_	Data	<u> </u>							
	Date		Payee name						
	08/31/2023 Brazoria County Democratic Party								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00	\$200.00 11800 Magnolia Pkwy							
			Manvel, TX 77578						
	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
OF EXPENDITURE			Contributions/Donations Made By						
LAFENDITORE			Candidate/Officeholder/Political Committee					a, officeholder living expense	
						Contribution			
					<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name	Office so	ough	t		Office held	
		-							
	Date		Payee name						
	11/13/2023		Breaktime						
Amount (\$)Payee address;City;State;Zip Code									
	\$27.59 6300 Richmond Ave								
	Houston, TX 77057								
	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	OF EXPENDITURE	Transportation Equipment & Related				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			Expense				η, TX,	, officeholder living expense	
_	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office		ł		Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held									
_									

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 17/69 Rpt: 36/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 11/22/2023	5 Payee name Breaktime							
6	Amount (\$) \$27.71	 Payee address; City; State; Zip Code 6300 Richmond Ave Houston, TX 77057 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/30/2023	Breaktime							
	Amount (\$) \$27.61	Payee address; City; State; Zip Code 6300 Richmond Ave Houston, TX 77057							
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/02/2023	Breaktime							
	Amount (\$) Payee address; City; State; Zip Code \$58.61 6300 Richmond Ave								
		Houston, TX 77057							
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 18/69 Rpt: 37/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 09/21/2023	Payee name CARE							
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 3414 Eastside St 1743 Houston, TX 77098							
8	PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/11/2023	Camden Spit & Larder							
	Amount (\$) \$194.21	Payee address; City; State; Zip Code 555 Capitol Mall Ste 100 Sacramento, CA 95814							
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/13/2023	Central Texas Food Bank							
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 6500 Metropolis Dr							
		Austin, TX 78744							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wage/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	EILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 19/69 Rpt: 38/89	Wu, Eugene Y. (The Honorable)	00068103							
4	Date 12/22/2023	Payee name Chevron								
6	Amount (\$) \$48.00	 Payee address; City; State; Zip Code 5410 Chimney Rock Rd Houston, TX 77081 								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if Austin, TX, officeholder living expense Fuel										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/23/2023	Chevron								
	Amount (\$) \$40.93	Payee address; City; State; Zip Code 5410 Chimney Rock Rd Houston, TX 77081 Figure 100 (2000) Figure 100 (2000)								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/19/2023	Chevron								
	Amount (\$) \$30.00	Payee address;City;State;Zip Code5410 Chimney Rock Rd								
		Houston, TX 77081								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 20/69 Rpt: 39/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 12/22/2023	Payee name China Star Buffet							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$900.04	4414 North Fwy							
		Houston, TX 77022							
8	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 Event food								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/22/2023	China Star Buffet							
Amount (\$) Payee address; City; State; Zip Code									
	\$200.00	4414 North Fwy Houston, TX 77022							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/07/2023	City of Austin							
	Amount (\$) \$130.95	Payee address; City; State; Zip Code 4815 Mueller Blvd							
		Austin, TX 78723							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE	CATEGOR	IES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/69 Rpt: 40/89		Wu, Eugene Y. (The Honorab	le)				00068103	
4	Date	5	Payee name						
	08/17/2023		City of Houston						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$30.51		901 Bagby St						
			1738						
			Houston, TX 77002						
8	PURPOSE	(a)	Category (See Categories listed at the te	on of this saha	dulo)	(b) Description			
-	OF		Transportation Equipment & F		uule)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Expense			Check if Austin	, ТХ	, officeholder living	expense
						Park user fee	e - r	reimbursed to	o Aimee Mobley Turney
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	ffice sou	ht		Office he	eld
	Date		Payee name						
	08/17/2023		City of Houston						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$37.59		901 Bagby St						
			1738						
			Houston, TX 77002						
	PURPOSE	(a)	Category (See Categories listed at the te	on of this saha	dulo)	(b) Description			
	OF	Ľ	Event Expense		uule)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, ТХ	, officeholder living	expense
						Event permit	- re	eimbursed to	Aimee Mobley Turney
	Complete ONLY if direct		Candidate/Officeholder name		ffice sou	bt		Office he	ald.
	expenditure to benefit C/Oł		andidate/Onicendider name	0	nice soui	li it		Office fie	
	Date		Payee name						
	07/10/2023		Connor, Elizabeth						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$4,000.00		5216 Leeland St						
			1736						
			Houston, TX 77023						
	DUDDOCE								
	PURPOSE OF	(a)	Category (See Categories listed at the to		dule)	(b) Description	outs	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Solicitation/Fundraising Exper	ise				, officeholder living	
						Fundraising s	serv	vices	
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	0	ffice sou	Iht		Office he	eld
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & F Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co	ommission Filers)						
	Sch: 22/69 Rpt: 41/89	Wu, Eugene Y. (The Honorable)00068103							
4	Date	5 Payee name							
	10/18/2023	Connor, Elizabeth							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$4,000.00	5216 Leeland St							
		1744							
		Houston, TX 77023							
_									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Solicitation/Fundraising Expense	lle T.						
		Fundraising services							
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/08/2023	Costco Wholesale							
Amount (\$) Payee address; City; State; Zip Code									
	\$628.16 10401 Research Blvd								
	\$020.10								
		Austin, TX 78759							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	lle T.						
		Check if Austin, TX, officeholder living expense							
		Office supplies							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	12/22/2023	Costco Wholesale							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$774.09	10401 Research Blvd							
	¢114.00								
		Austin, TX 78759							
-	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description	Ile T.						
	EXPENDITURE	Chick is data based in the complete control of the con							
		Office supplies							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Oł								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 23/69 Rpt: 42/89		/u, Eugene Y. (The	Honorable)				00068103	· · ·		
4	Date 12/22/2023		ayee name ostco Wholesale								
6	Amount (\$)	7 P	ayee address; City	; State;	; Zip Co	le					
	\$272.79		10401 Research Blvd Austin, TX 78759								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Office Supplies										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Office sou	ht		Office he	łld		
	Date	Р	ayee name								
	12/28/2023	C	ostco Wholesale								
	Amount (\$) \$427.42	1	ayee address; City 0401 Research Blvd ustin, TX 78759		; Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a) C	ategory _{(See Categories I} ffice Overhead/Ren		nedule)		ı, TX,	de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Dffice sou	ht		Office he	eld		
⊨	Date	Р	ayee name								
	10/24/2023		ostco Wholesale								
	Amount (\$) \$325.66		ayee address; City 0401 Research Blvd		; Zip Coo	le					
		А	ustin, TX 78759		i						
	PURPOSE OF EXPENDITURE		ategory _{(See Categories I} ffice Overhead/Ren		nedule)		I, TX,	de of Texas. Comp officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	Dffice sou	ht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra - Gift/Awards/Memorials Expense Printing Expense Tra				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	FILER NAME 3 F				Filer ID (Ethics Commission Filers)		
	Sch: 24/69 Rpt: 43/89		Wu, Eugene Y. (The Honorable)					00068103		
4	Date	5	Payee name							
	09/27/2023		Costco Wholesale							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$326.12		10401 Research Blvd							
			Austin, TX 78759							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Descrip			de of Taure Develop Ochedule T		
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. , officeholder living expense		
						supplie				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
12/19/2023 Courtyard by Marriott Miami										
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$310.88 200 SE 2nd Ave									
			Miami, FL 33131							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Travel Out of District	hedule)		ck if travel o ck if Austin,		de of Texas. Complete Schedule T. officeholder living expense		
				0.45						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gni			Office held		
	Data									
	Date 08/17/2023		Payee name Daisy Liquor							
				7:	-1 -					
	Amount (\$) \$57.36		Payee address; City; State 10888 Westheimer Rd	e; Zip Co	ae					
	Φ37.30									
			1738							
			Houston, TX 77042							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Descrip					
	EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Complete Schedule T. , officeholder living expense		
								ursed to Aimee Mobley Turney		
					Stang	,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra 3y - Gift/Awards/Memorials Expense Printing Expense Tra						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 25/69 Rpt: 44/89		Wu, Eugene Y. (The Honorable	e)				00068103		
4	Date	5	Payee name							
	11/16/2023		DoubleTree Hotel							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$243.95		1617 N Interstate 35 Frontage	Rd						
			Austin, TX 78702							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense		
						Lodging	., ., .,			
						0.0				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	O	office sou	ht		Office held		
	Date		Payee name							
	11/17/2023		DoubleTree Hotel							
Amount (\$) Payee address; City; State; Zip Code										
	\$352.45 1617 N Interstate 35 Frontage Rd									
			Austin, TX 78702							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	p of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0)ffice sou	ht		Office held		
	Date		Payee name							
	10/16/2023		DoubleTree Hotel							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$287.60		1617 N Interstate 35 Frontage	Rd						
			Austin, TX 78702		i					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	p of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra 3y - Gitf/Awards/Memorials Expense Printing Expense Tra						Transportation Equ Travel in District Travel Out of Distri	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 26/69 Rpt: 45/89		Wu, Eugene Y. (The Honorable	e)				00068103			
4	Date	5	Payee name								
	10/23/2023		DoubleTree Hotel								
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le					
	\$243.95		1617 N Interstate 35 Frontage		•						
			Austin, TX 78702								
8	PURPOSE		Category (See Categories listed at the top	o of this sched	dule)	b) Description					
	OF EXPENDITURE		Travel Out of District					ide of Texas. Comple , officeholder living e			
							I, I A,	, onicenoider living e	expense		
						Louging					
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held	d		
	Date		Payee name								
	10/30/2023		DoubleTree Hotel								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$216.89 1617 N Interstate 35 Frontage Rd										
			Austin, TX 78702								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sched	dule)			ide of Texas. Comple , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held	d		
	Date		Payee name								
	07/17/2023		DoubleTree Hotel								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$154.20		1617 N Interstate 35 Frontage								
	DUDDOSE		Austin, TX 78702			(b) Description					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sched	dule)			ide of Texas. Compl , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 27/69 Rpt: 46/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 07/17/2023	Payee name DoubleTree Hotel							
6	Amount (\$)	Payee address; City; State; Zip Code							
-	\$154.20	1617 N Interstate 35 Frontage Rd							
		Austin, TX 78702							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/13/2023	ExxonMobil							
	Amount (\$) \$48.45	Payee address; City; State; Zip Code 5401 Katy Fwy							
		Houston, TX 77007							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/11/2023	Fifth Street F							
	Amount (\$) \$24.41	Payee address; City; State; Zip Code 1209 5TH St							
		Stafford, TX 77477							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FII FR NAME	3 Filer ID (Ethics Commission Filers)						
-	Sch: 28/69 Rpt: 47/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 10/27/2023	Payee name Freebirds							
6	Amount (\$) \$43.27								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Staff meals									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/16/2023	Gao's Kabeb							
	Amount (\$) \$200.74	Payee address; City; State; Zip Code 9888 Bellaire Blvd Houston, TX 77036							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/13/2023	GoFundMe							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 855 Jefferson Ave							
		Redwood City, CA 94063							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Memory of Julio Anchia						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 29/69 Rpt: 48/89		Wu, Eugene Y. (The Honorab	le)				00068103	
4	Date	5	Payee name						
	08/17/2023		HEB						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$153.88		5895 San Felipe St						
			1738						
			Houston, TX 77057						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exper		,			ide of Texas. Com	
	_/							, officeholder living	expense to Aimee Mobley Turney
						Onice suppli	-5-	- Telifibul Seu	to Aimee Mobiley Turney
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld
	Date		Payee name						
	08/17/2023		HEB						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$23.41		5895 San Felipe St						
			1738						
			Houston, TX 77057						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Exper		edule)			ide of Texas. Com	
								, officeholder living - reimbursed	to Aimee Mobley Turney
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld
	Date		Payee name						
	08/17/2023		HEB						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$38.29		5895 San Felipe St						
			1738						
			Houston, TX 77057						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exper	nse				ide of Texas. Com	
	-							, officeholder living	to Aimee Mobley Turney
							00	Terribuleed	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	ld

			EX	PENDITURE CAT	TEGORIES FO	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw nmittee Legal S	xpense everage Expense ards/Memorials Expense ervices hstruction Guide ex	Office C Polling e Printing Salaries	Expens Expens Expens Wage	se s/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 30/69 Rpt: 49/89		Wu, Eugene Y. (The Honorable)					00068103	
4	Date	5	Payee name							
	08/17/2023		HEB							
6	Amount (\$)	7	Payee address;	City;	State; Zip C	Code				
	\$121.45		5895 San Felipe	St						
			1738							
			Houston, TX 770	57						
8	PURPOSE	<u> </u>				(h)	Description			
0	OF		Category (See Category Office Overhead/			(0)	Description	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Onice Overneau/						officeholder living	
Office supplies - reimbursed to Aimee Mobley Turney										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officehold	ler name	Office so	bught			Office he	eld
	Date		Payee name							
	10/23/2023		HEB							
	Amount (\$)		Payee address;	City;	State; Zip C	Code				
	\$129.94		5895 San Felipe	St						
			1745							
			Houston, TX 770	57						
	PURPOSE	<u> </u>				<i>(</i> b)	Description			
	OF		Category (See Category Office Overhead/					outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Once Overneau/				Check if Austin	ı, тх,	officeholder living	g expense
								es -	- reimburse	ed to Aimee Mobley
							Turney			
	Complete ONLY if direct	Ċ	andidate/Officehold	ler name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	12/08/2023		HEB							
	Amount (\$)	\vdash	Payee address;	City;	State; Zip C	Code				
	\$67.02		5895 San Felipe		· ·					
			·							
			Houston, TX 770	57		_				
	PURPOSE OF		Category (See Categ			(b)	Description			
	EXPENDITURE		Office Overhead/	Rental Expense	9					plete Schedule T.
							Office supplie		officeholder living	j expense
		1								
	Complete ONL V if direct	Ļ	andidate/Officehold	ler name	Office of				Office he	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Office so	uynt			Unice he	ะเน

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 31/69 Rpt: 50/89	Wu, Eugene Y. (The Honorable)	00068103					
4	Date 12/28/2023	Payee name HEB						
6	Amount (\$)	Payee address; City; State; Zip Code						
0	\$80.11 5895 San Felipe St Houston, TX 77057							
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
Check if Austin, TX, officeholder living expense Office supplies								
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								
	Date	Payee name						
	10/19/2023	Harris County Democratic Party						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,500.00	1445 North Loop W Ste 110						
		Houston, TX 77008						
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/21/2023	High Flying Foods						
	Amount (\$) \$14.61	Payee address; City; State; Zip Code 123 2nd St						
		Sausalito, CA 94965						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loar Offic Polli ense Print Sala	Repaym e Overhea ng Expens ing Exper ries/Wage	ent/Reimbursement ad/Rental Expense se ise is/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:						2	Filer ID	(Ethics Commission Filers)	
1	Sch: 32/69 Rpt: 51/89		ne Y. (The Honorabl	e)				00068103	(Ethics Commission Fliers)	
4	Date	5 Payee nam					I			
-	11/28/2023		ry Springs							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip	Code					
	\$33.89	10019 S I	nterstate 35 Frontag	e Rd						
	Austin, TX 78747									
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
			erhead/Rental Exper				outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	ı, ТХ,	, officeholder living	expense	
						Office water				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		fficeholder name	Office	sought			Office he	eld	
	Date	Payee nam	ie							
	10/03/2023	Hill Count	ry Springs							
Amount (\$) Payee address; City; State; Zip Code										
\$27.32 10019 S Interstate 35 Frontage Rd										
	Φ21.32	10019.21	niersiale 55 Fronay	e Ru						
		Austin, T>	(78747							
	PURPOSE OF		(See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ov	erhead/Rental Exper	ise				ide of Texas. Com	•	
							ı, ТХ,	, officeholder living	expense	
						Office water				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office	sought			Office he	eld	
-	Date	Dougo ar								
		Payee nam								
	10/24/2023		ry Springs							
	Amount (\$)	Payee add		State; Zip	Code					
	\$27.89	10019 S I	nterstate 35 Frontag	e Rd						
		Austin, T>	(78747							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	ise				ide of Texas. Com		
							ι, TΧ,	, officeholder living	expense	
						Office water				
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office	sought		_	Office he	eld	

		EXPE	NDITURE CATEGO	RIES FOR	3OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expe Fees Food/Beve Gift/Award nittee Legal Serv	ense rage Expense s/Memorials Expense	Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Distri	upment & Related Expense	
1	Total pages Schedule F1:	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 33/69 Rpt: 52/89	Nu, Eugene Y. (Th	e Honorable)				00068103		
4	Date 07/07/2023	Payee name Hill Country Springs	5						
6	Amount (\$)	Payee address; C	City; State	; Zip Cod	9				
	\$136.62	L0019 S Interstate							
		Austin, TX 78747							
8	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense Office water								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder	name (Office sougl	nt		Office held	d	
	Date	Payee name							
	07/03/2023	lokkaido Sushi							
Amount (\$) Payee address; City; State; Zip Code									
	\$87.51	9108 Bellaire Blvd Houston, TX 77036							
	PURPOSE OF EXPENDITURE	Category _{(See Categori} Food/Beverage Exp	es listed at the top of this sch DENSE	nedule) (I			de of Texas. Comple officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name (Office sougl	nt		Office held	d	
	Date	Payee name							
	08/01/2023	HomeMem							
	Amount (\$) \$541.25	Payee address; C 3231 Chesterfield L 1737 Stafford, TX 77477		; Zip Cod	9				
	PURPOSE OF EXPENDITURE	Category _{(See Categori} Advertising Expens	es listed at the top of this sch	nedule) (I		n, TX,	de of Texas. Comple officeholder living e Dr event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O						d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: 2 FILER			Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services		Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	aymer erheac pense kpens /ages	t/Reimbursement /Rental Expense e /Contract Labor		Transportation I Travel in Distric Travel Out of Di	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)		
1	Total names Schedule E1	2		=					2	Filer ID	(Ethics Commission Filers)		
-	Sch: 34/69 Rpt: 53/89	[Wu, Eugen		lonorable)				ľ	00068103			
4	Date	5	Payee name										
	11/28/2023		Hooks Eps		es								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de						
	\$1,000.00		2631 Colqu	litt St									
			1748										
			Houston, T	X 77008									
				X 11090									
8	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Gift/Awards	s/Memorials	s Expense						nplete Schedule T.		
									і, ТХ,	, officeholder livin	g expense		
	Gift												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder na	me (Office sou	ght			Office h	eld		
	Date		Payee name										
	12/27/2023		Hooks Eps	tein Gallerie	es								
	Amount (\$)	┝	Payee addre			; Zip Co	do						
					Siale	, zip cu	ue						
	\$5,000.00 2631 Colquitt St												
			1749										
			Houston, T	X 77098									
	PURPOSE	(a)	Category (s	oo Cotogorioo lic	ted at the top of this sch	adula)	(b)	Description					
	OF	Ľ	Gift/Awards			ieuuie)	• •		outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE		Chur ward	, memoriale	Ехреное			Check if Austin	, TX	, officeholder livin	g expense		
								Gift					
	Complete ONLY if direct		Candidate/Off	iceholder na	me (Office sou	aht			Office h	eld		
	expenditure to benefit C/OI		Sundiduce, On				gin			Office II			
		_											
	Date		Payee name										
	08/17/2023		Houston Ar	ea Women	's Center								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de						
	\$250.00		3077 El Ca	mino St									
			1738										
			Houston, T	X 77054									
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Contributio	ns/Donatior	ns Made By						nplete Schedule T.		
	LAFENDITORE		Candidate/	Officeholde	r/Political Comm	nittee				, officeholder livin			
								Event ticket -	rei	imbursed to	Aimee Mobley Turney		
	Complete ONLY if direct	. (Candidate/Off	iceholder na	me (Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Loan Repa Office Ove Polling Exp xpense Printing Exp	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Total pages Schedule F1:		•	•	3 Filer ID (Ethics Commission File	rs)				
Ľ	Sch: 35/69 Rpt: 54/89	/u, Eugene Y. (The Honora	hlo)		00068103	10)				
			ule)		00008103					
4	Date	ayee name								
	11/13/2023	louston Area Women's Cen	ter							
6	Amount (\$)	ayee address; City;	State; Zip Co	le						
	\$500.00	077 El Camino St								
		746								
		ouston, TX 77054								
8	PURPOSE			(b) Description						
ľ	OF	ategory (See Categories listed at the contributions/Donations Mac	. ,	(b) Description	outside of Texas. Complete Schedule T.					
	EXPENDITURE	andidate/Officeholder/Politi			, TX, officeholder living expense					
				Event ticket						
9	Complete ONLY if direct	ndidate/Officeholder name	Office sou	iht	Office held					
	expenditure to benefit C/OI									
	Date	ayee name								
	12/26/2023	ouston Chronicle								
Amount (\$) Payee address; City; State; Zip Code										
	\$29.99	747 Southwest Fwy	,p							
	Ψ20.00									
		ouston, TX 77027								
⊢	PURPOSE	ategory (See Categories listed at the	top of this school (a)	(b) Description						
	OF	office Overhead/Rental Expe	, ,		outside of Texas. Complete Schedule T.					
	EXPENDITURE			Check if Austin	, TX, officeholder living expense					
				Subscription						
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	Iht	Office held					
	expenditure to benefit C/OI									
⊨	Date	ayee name								
	10/25/2023	louston Chronicle								
_										
	Amount (\$)	ayee address; City;	State; Zip Co	le						
	\$29.99	747 Southwest Fwy								
		louston, TX 77027								
	PURPOSE	ategory (See Categories listed at the	top of this schedule)	(b) Description						
	OF	office Overhead/Rental Expe	, ,		outside of Texas. Complete Schedule T.					
	EXPENDITURE	•			, TX, officeholder living expense					
				Subscription						
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	lht	Office held					
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Offi Pol Prir Sal	ice Overh lling Expe nting Exp laries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers))		
	Sch: 36/69 Rpt: 55/89		Wu, Eugene Y. (The Honorable)					00068103			
4	Date	5	Payee name				I				
	11/24/2023		Houston Chronicle								
6	Amount (\$)	7	Payee address; City;	State; Zi	p Cod	e					
	\$29.99		4747 Southwest Fwy								
			-								
			Houston, TX 77027								
8	PURPOSE	(a)	Category (See Categories listed at the top of t	this schodulo	. (b) Description			_		
	OF		Office Overhead/Rental Expense		., .		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						ı, TX	, officeholder living expense			
Subscription											
_									_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held			
	Date		Payee name								
	09/25/2023		Houston Chronicle								
Amount (\$) Payee address; City; State; Zip Code											
	\$29.99		4747 Southwest Fwy								
			Houston, TX 77027								
	PURPOSE	(a)	Category (See Categories listed at the top of t	this schedule	e) (b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					side of Texas. Complete Schedule T.			
							ι, TΧ,	, officeholder living expense			
						Subscription					
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	at		Office held	_		
	expenditure to benefit C/OI			Onice	e soug	it.		Once new			
_	Data		D						=		
	Date 08/25/2023		Payee name Houston Chronicle								
				Ctata: 7	m Cad				_		
	Amount (\$) \$29.99			State; Zi	p Coa	е					
	φ29.99		4747 Southwest Fwy								
			Houston, TX 77027								
	PURPOSE	(a)	Category (See Categories listed at the top of t	this schedule	e) (b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					side of Texas. Complete Schedule T.			
						Subscription	ι, TX,	, officeholder living expense			
						Subscription					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office	e soug	nt		Office held	_		
	expenditure to benefit C/Oł			Child	c coug						
									\neg		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide 6	Of Po nse Pr Sa	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 37/69 Rpt: 56/89		Wu, Eugene Y. (The Honorable)				00068103		
4	Date	5	Payee name							
	07/25/2023		Houston Chronicle							
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Cod	2				
-	\$29.99		4747 Southwest Fwy	,	F					
			, , , , , , , , , , , , , , , , , , ,							
			Houston, TX 77027							
8	PURPOSE	(2)								
0	OF	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		le)	Description Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Onice Overneau/Ventar Expens			Check if Austin	n, TX	, officeholder living	, expense	
						Subscription				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offic	ce soug	nt		Office he	eld	
	Date		Payee name							
	10/13/2023		Houston Food Bank							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	9				
	\$256.67 535 Portwall St									
			Houston, TX 77029							
	PURPOSE OF	(a)	Category (See Categories listed at the top		le) (Description				
	EXPENDITURE		Contributions/Donations Made I Candidate/Officeholder/Political					ide of Texas. Com , officeholder living	•	
			Candidate/Onicenoide//Political	Commute	e	Contribution	, 17	, onicensider innig	(expense	
						0011110011011				
	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce soug	nt		Office he	bld	
	expenditure to benefit C/OI									
-	Date		Payee name							
	08/17/2023		Human Age Digital							
	Amount (\$)		Payee address; City;	State; Z	Zin Cod	2				
	\$2,500.00		2700 Post Oak Blvd Fl 21	State, 2	-ip Cou	-				
	ψ2,300.00									
			1739							
			Houston, TX 77056							
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedul	le) (Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living		
						Website desi		, onicendider living	lexpense	
							9''			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Offic	ce soug	nt		Office he	eld	
	expenditure to benefit C/Oł			Cinc	ss soug					
-										

			EXPENDITURE CATE	GORIES	FOR E	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Offic Polli Prin Sala	e Overhe ng Expen ting Expe ries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 38/69 Rpt: 57/89		Wu, Eugene Y. (The Honorable)					00068103		
4	Date	5	Payee name							
	08/18/2023		Islamic Arts Society							
6	Amount (\$)	7	Payee address; City; S	tate; Zip	Code					
	\$750.00		1125 Cypress Station Dr							
			Houston, TX 77090							
8	PURPOSE	(a)			(h) Description				
ľ	OF	(a)	Category (See Categories listed at the top of thi Contributions/Donations Made By	is schedule)			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Co	mmittee				, officeholder living expense		
						Contribution				
9	Complete ONLY if direct	I(Candidate/Officeholder name	Office	sough	t		Office held		
	expenditure to benefit C/OI	Н			0					
	Date		Payee name							
	10/27/2023		Izzi Market							
	Amount (\$)			tate; Zip	Code					
	\$27.21 6229 Bellaire Blvd									
			Houston, TX 77081							
	PURPOSE OF	(a)	Category (See Categories listed at the top of the		(b	Description				
	EXPENDITURE		Transportation Equipment & Relate	ed				ide of Texas. Complete Schedule T.		
			Expense			Check if Austin, TX, officeholder living expense				
						i dei				
_	Complete ONLY if direct		Candidate/Officeholder name	Office	sough	+		Office held		
	expenditure to benefit C/OI			Childe	oougn	L				
_	Date	1	Payee name							
	08/28/2023		Izzi Market							
		-		tate; Zig	Codo					
	Amount (\$)		5 . 5.	iale; Zip	Code					
	\$31.52		6229 Bellaire Blvd							
			Houston, TX 77081							
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Relate	ed				ide of Texas. Complete Schedule T.		
			Expense				, TX,	, officeholder living expense		
						Fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sough	t		Office held		
	ospenditure to benefit C/O	• •								

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 39/69 Rpt: 58/89	Wu, Eugene Y. (The Honorable)	00068103					
4	Date 12/07/2023	Payee name J&N Enterprises						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$865.10 2519 Fairway Park Dr Houston, TX 77092							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Materials printing								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/17/2023	Jason's Deli						
	Amount (\$) \$52.99	Payee address; City; State; Zip Code 1000 E 41st St 1738 Austin, TX 78751						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense reimbursed to Aimee Mobley Turney					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/07/2023	Julie Johnson for Congress						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 802765						
		Dallas, TX 75380						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 40/69 Rpt: 59/89		Wu, Eugene Y. (The Honorabl	e)				00068103		
4	Date	5	Payee name							
	08/17/2023		Kathmandu							
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le				
	\$87.87		5711 Hillcroft St Ste A6							
			1738							
			Houston, TX 77036							
8	PURPOSE	(a)				(b) Description				
ľ	OF	"	Category (See Categories listed at the to Food/Beverage Expense	p of this sche	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense		
						Staff meals -	rei	mbursed to Aimee Mobley Turney		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	Jht		Office held		
	Date		Payee name							
	10/16/2023		Kesos Tacos							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$35.85 600 W Martin Luther King Jr Blvd									
			5							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense		ŕ			ide of Texas. Complete Schedule T.		
							ı, TX	, officeholder living expense		
						staff meals				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office soug	Int		Office held		
	Date		Payee name							
	09/01/2023		Kim Rubio Campaign							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$500.00		PO Box 2177							
			Uvalde, TX 78802							
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made					ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Politica	al Commi	ittee		ı, TX	, officeholder living expense		
						Contribution				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office soug	Jht		Office held		
		•								

			EXPENDITUR	E CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I	e Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 41/69 Rpt: 60/89		Wu, Eugene Y. (The Honora	able)				00068103	
4	Date	5	Payee name				-		
	09/11/2023		Kimpton Sawyer Hotel						
6	Amount (\$)	7	Payee address; City;	State	; Zip Coc	е			
	\$665.12		500 J St						
			Sacramento, CA 95814						
8	PURPOSE	(a)	Category (See Categories listed at th	o top of this sob	(aluba	b) Description			
	OF		Travel Out of District		ieuuie)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	I, TX,	officeholder living	expense
						Lodging			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office he	łd
	Date		Payee name						
	09/11/2023		Kodaiko Ramen						
	Amount (\$)		Payee address; City;	State	; Zip Coc	e			
	\$87.97		718 K St CA	otato	, <u>_</u> , <u></u>				
	φ01.51								
			Sacramento, CA 95814						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	b) Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com	
						Check if Austin	I, TX,	expense	
						Meals			
	-								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office soug	nt		Office he	10
-	Date		Payee name						
	10/31/2023		Lanier Parking						
_	Amount (\$)		Payee address; City;	State	; Zip Coc	e			
	\$2.00		2130 W Holcombe Blvd	Otato	, בוף סטנ				
	ψ2.00								
			Houston, TX 77030						
-	PURPOSE	(m)				b) Decorintian			
	OF	(^(a)	Category (See Categories listed at th		nedule)	b) Description	0Utsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Transportation Equipment & Expense	Related				officeholder living	
						Parking			
						5			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	(Office soug	ht		Office he	ld
	expenditure to benefit C/OI		and a concerning frame						

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 42/69 Rpt: 61/89	Wu, Eugene Y. (The Honorable)	00068103
4	Date 12/06/2023	5 Payee name Laser Girl Skincare and Medspa	
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 5305 Bissonnet St Bellaire, TX 77401	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/21/2023	Lone Star Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	10709 Marsha Ln	
		1742	
		Houston, TX 77024	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T. , TX, officeholder living expense ServiCeS
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/13/2023	Los Chinos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	300 S Riverside Plz	
		Chicago, IL 60606	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria ittee Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 F		· ·		·	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 43/69 Rpt: 62/89	I	/u, Eugene Y. (The Hond	orable)				00068103		
4	Date 11/30/2023		ayee name Iail Chimp							
6	Amount (\$) \$122.59	5	ayee address; City; 12 Means St NW Ste 40 tlanta, GA 30318		; Zip Co	de				
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed a Iffice Overhead/Rental E		edule)		n, TX,	de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	yht		Office he	əld	
	Date	P	ayee name							
	10/02/2023	N	lail Chimp							
	Amount (\$) \$122.59		ayee address; City; 12 Means St NW Ste 40		; Zip Co	de				
			tlanta, GA 30318			<u></u>				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed a Iffice Overhead/Rental E		edule)		n, TX,	de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht		Office he	eld	
	Date	P	ayee name							
	10/30/2023	N	lail Chimp							
	Amount (\$) \$122.59	1	ayee address; City; 12 Means St NW Ste 40		; Zip Co	de				
		A	tlanta, GA 30318							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed a Iffice Overhead/Rental E		iedule)		n, TX,	de of Texas. Com officeholder living		
ļ	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	yht		Office he	əld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
1	Sch: 44/69 Rpt: 63/89	Wu, Eugene Y. (The Honorable)	00068103									
4	Date 08/30/2023	Payee name Mail Chimp										
6	Amount (\$) \$ Amount (\$) \$ A Payee address; City; State; Zip Code \$ 122.59 Atlanta, GA 30318 \$ Amount (\$) \$ A Payee address; City; State; Zip Code \$ A State; Zip Code; Zip Code \$ A St											
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email service 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	07/31/2023	Mail Chimp										
	Amount (\$) \$122.59	Payee address; City; State; Zip Code 512 Means St NW Ste 404										
	PURPOSE	Atlanta, GA 30318 A) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	08/14/2023	Marriott Indianapolis										
	Amount (\$) \$56.87	Payee address;City;State;Zip Code350 W Maryland St										
		Indianapolis, IN 46225										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr / - Gift/Awards/Memorials Expense Printing Expense Tr						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 45/69 Rpt: 64/89		Wu, Eugene Y. (The Honorable)00068103							
4	Date	5	Payee name							
	07/14/2023		Mayflower Hotel							
6	Amount (\$)	7	Payee address; City	r; State;	; Zip Co	de				
	\$30.30		1127 Connecticut Ave	e NW						
	Washington, DC 20036									
8	PURPOSE	(2)	_			(b) Deceription			_	
ð	OF	(a)	Category (See Categories) Transportation Equip		edule)	(b) Description	outsi	side of Texas. Complete Schedule T.		
	EXPENDITURE		Expense	nent & Relateu				, officeholder living expense		
						Parking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder na	ame C	Dffice sou	Jht		Office held		
	Date		Payee name							
	12/06/2023		Menard, Nancy Dinah	I						
	Amount (\$)		Payee address; City	; State;	; Zip Co	de			_	
	\$300.00		9220 Clarewood Dr A	pt 1079						
			Houston, TX 77036							
	PURPOSE OF	(a)	Category (See Categories		edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Cont	ract Labor				ide of Texas. Complete Schedule T. K, officeholder living expense		
						Event staff	1, 17,			
						Event stan				
	Complete ONLY if direct		Candidate/Officeholder na	me C	Office sou	ht		Office held		
	expenditure to benefit C/OI				Jince Sou	jiit		Onice field		
		_							_	
	Date		Payee name							
	12/07/2023		Menard, Nancy Dinał							
	Amount (\$)		Payee address; City		; Zip Co	de				
	\$460.00		9220 Clarewood Dr A	pt 1079						
			Houston, TX 77036							
	PURPOSE	(a)	Category (See Categories	isted at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Cont		ŕ			ide of Texas. Complete Schedule T.		
	EXPENDITORE						n, TX,	a, officeholder living expense		
						Event staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder na	ame C	Office sou	pht		Office held		
	superioration to benefit 0/01									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 46/69 Rpt: 65/89	65/89 Wu, Eugene Y. (The Honorable) 00068103								
4	Date	5	Payee name							
	12/28/2023		Menard, Nancy Dinah							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$320.00		9220 Clarewood Dr Apt 1079							
			Houston, TX 77036							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.		
							ı, TX	, officeholder living expense		
						Event staff				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	lht		Office held		
	Date		Payee name							
	09/01/2023		Menard, Nancy Dinah							
	Amount (\$)	┝	Payee address; City;	State:	Zip Co	le				
	\$40.00		9220 Clarewood Dr Apt 1079	,						
	\$10100									
			Houston, TX 77036							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.		
						Event staff	1, IX,	, officeholder living expense		
						Event stan				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Int		Office held		
		_								
	Date		Payee name							
	09/27/2023		Menard, Nancy Dinah							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$140.00		9220 Clarewood Dr Apt 1079							
			Houston, TX 77036							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.		
							ι, TΧ,	, officeholder living expense		
						Event staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	Iht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 47/69 Rpt: 66/89	Wu, Eugene Y. (The Honorable)	00068103							
4	Date 12/08/2023	Payee name Michael's								
6	Amount (\$) \$82.21	Payee address; City; State; Zip Code 3904 Bissonnet St Houston, TX 77005								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/14/2023	Modern Market Eatery								
	Amount (\$) \$72.07	Payee address; City; State; Zip Code 401 Congress Ave Austin, TX 78701								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/04/2023	Montrose Collective								
	Amount (\$) \$8.66	Payee address;City;State;Zip Code888 Westheimer Rd								
		Houston, TX 77006								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITUR	E CATEGO	RIES FOR I	3OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction G	Expense	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:			•			3	Filer ID	(Ethics Commission Filers)	
-	Sch: 48/69 Rpt: 67/89		ugene Y. (The Honor	able)				00068103	(
4	Date 10/17/2023	Payee Mosai	name c Formation							
6	Amount (\$) \$283.75									
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event contribution 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sough	t		Office he	ld	
	Date 08/16/2023	Payee New \	name ′ork Times							
	Amount (\$) \$175.56	620 8	address; City; h Ave ′ork, NY 10018	State	; Zip Code	2				
	PURPOSE OF EXPENDITURE		ory (See Categories listed at t Overhead/Rental Exp		nedule) (k			de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sough	it		Office he	ld	
	Date	Payee	name							
	08/18/2023	PACT								
	Amount (\$) \$300.00	PO Bo 1708	address; City; ox 710776 on, TX 77271	State;	; Zip Code	3				
	PURPOSE OF EXPENDITURE	Contri	ory (See Categories listed at the butions/Donations Madate/Officeholder/Poli	ade By	,		n, TX,	de of Texas. Comp officeholder living ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	(Office sough	t		Office he	ld	

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment of the printing Expense Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel of District						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 49/69 Rpt: 68/89		Wu, Eugene Y. (The Honoral	ole)				00068103
4	Date	5	Payee name					
	11/16/2023		PACT					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de		
	\$200.00		PO Box 710776					
			1747					
			Houston, TX 77271					
8	PURPOSE					(h) Description		
0	OF		Category (See Categories listed at the Contributions/Donations Mad		edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Politic		nittee			, officeholder living expense
					inteoo	Donation for	eve	ent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	jht		Office held
	Date		Payee name					
	12/06/2023		Partnerships For Children					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	de		
	\$100.00		14000 Summit Dr		· •			
			Austin, TX 78728					
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	EXPENDITURE		Contributions/Donations Mad					ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Politio	cal Comm	nittee	Contribution	1, IX,	, officeholder living expense
						Contribution		
	Complete ONLY if direct		Candidate/Officeholder name		Office souc			Office held
	expenditure to benefit C/Oł				Jince Soug	jin		Once neu
-	Date	<u> </u>	Payee name					
	11/28/2023		Progress Texas					
			_	Ctata	7:0 000			
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$250.00		PO Box 162922					
			1728					
			Austin, TX 78716					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Mad					ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Politio	cal Comm	littee		ι, TΧ,	, officeholder living expense
						Contribution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transmitter Food/Beverage Expense Polling Expense Transmitter / - Gift/Awards/Memorials Expense Printing Expense Transmitter					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	rs)	
	Sch: 50/69 Rpt: 69/89		Wu, Eugene Y. (The Honorable)00068103							
4	Date	5	Payee name							
	12/04/2023		PublicData.com							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$42.76		7750 N Macarthur Blvd							
			Irving, TX 75063							
8	PURPOSE	(a)	_			(b) Description				
Ŭ	OF	[^(u)	Category (See Categories listed a Office Overhead/Rental E		iedule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Onice Overnead/itental E	лрепве				, officeholder living expense		
						Research				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	08/09/2023		Rim Tanon							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$155.18		2241 Richmond Ave							
	+=001=0									
			Houston, TX 77098							
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	iedule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Staff meals	1, 1 A	, oncenduer innig expense		
						Stan meals				
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	.bt		Office held		
	expenditure to benefit C/Oł			(Jince sou	lint		Office field		
_		-								
	Date		Payee name							
	10/23/2023		Royal Sonesta Houston							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$10.83		2222 W SOUTH Loop							
			Houston, TX 77027							
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment		ŗ			ide of Texas. Complete Schedule T.		
	EXPENDITORE		Expense				n, TX,	, officeholder living expense		
						Parking				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ht		Office held		
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 51/69 Rpt: 70/89	/u, Eugene Y. (The Honorable)		00068103							
4	Date 10/10/2023										
6	Amount (\$)	ayee address; City; State	; Zip Code								
	\$9.40 630 W US-84 Fairfield, TX 75840										
8	PURPOSE	ategory (See Categories listed at the top of this sch	(b) Description								
	OF EXPENDITURE	ransportation Equipment & Related xpense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name (Office sought	Office held							
	Date	ayee name									
	09/15/2023	hell									
	Amount (\$)	ayee address; City; State	; Zip Code								
	\$33.78	30 W US-84 airfield, TX 75840									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ransportation Equipment & Related xpense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name (Office sought	Office held							
	Date	ayee name									
	09/25/2023	hell									
	Amount (\$) \$29.73	ayee address; City; State 30 W US-84	; Zip Code								
		airfield, TX 75840									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ransportation Equipment & Related xpense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Dffice sought	Office held							

			EXPENDITURE CA	TEGORIES FO	OR BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpond Food/Beverage Expense Polling Expense Travel y - Gift/Awards/Memorials Expense Printing Expense Travel						Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
-	Sch: 52/69 Rpt: 71/89		Y. (The Honorable))				00068103	()
4	Date 08/14/2023	Payee name Shell							
6	Amount (\$) \$30.99	Payee address 630 W US-84 Fairfield, TX 7	- -	State; Zip C	Code				
8	PURPOSE OF EXPENDITURE		Categories listed at the top n Equipment & Re		(b)			de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	ought			Office he	ld
	Date	Payee name							
	12/05/2023	Simply to Imp	ress						
	Amount (\$) \$2,044.76	Payee address PO Box 96 Seymour, WI		State; Zip (Code				
	PURPOSE OF EXPENDITURE	-	Categories listed at the top	of this schedule)	(b)		, TX,	de of Texas. Com officeholder living nting and ma	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	bught			Office he	ld
	Date	Payee name							
	12/08/2023	Spec's							
	Amount (\$) \$206.37	Payee address 2410 Smith S	-	State; Zip C	Code				
		Houston, TX	77006						
	PURPOSE OF EXPENDITURE	Category _{(See} Food/Beveraç	Categories listed at the top ge Expense	of this schedule)	(b)		, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	bught			Office he	ld

			EXPENDITU	JRE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 53/69 Rpt: 72/89	I	Vu, Eugene Y. (The Hon	orable)				00068103			
4	Date 11/20/2023	I	Payee name Gweetgreen								
6	Amount (\$)	7 F	Payee address; City;	State;	; Zip Coo	le					
	\$57.99	\$57.99 1007 S Congress Ave Austin, TX 78704									
8	PURPOSE	(a) ((b) Description					
Ū	OF		Category (See Categories listed a Food/Beverage Expense	at the top of this sch	edule)	Check if travel		de of Texas. Com officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office he	eld		
	Date	F	Payee name								
	07/06/2023		Sweetgreen								
	Amount (\$)	F	Payee address; City;	State;	; Zip Coo	le					
	\$110.44		.007 S Congress Ave Austin, TX 78704								
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Food/Beverage Expense	at the top of this sch	edule)			de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice soug	ht		Office he	eld		
	Date	F	Payee name								
	08/28/2023		Taco Deli								
	Amount (\$) \$52.39	I	Payee address; City; 801 Congress Ave	State;	; Zip Coo	le					
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Food/Beverage Expense	at the top of this sch	edule)			de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	əld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 54/69 Rpt: 73/89		Wu, Eugene Y. (The Honorable)					00068103	
4	Date	5	Payee name				•		
	08/17/2023		Target						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$32.44		8605 Westheimer Rd						
			1738						
			Houston, TX 77063						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense						nplete Schedule T.
								officeholder living	^{g expense} I to Aimee Mobley Turney
						Onice Supplie	.0	reimburseu	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	l Ight			Office he	eld
	Date		Payee name						
	08/17/2023		The '401						
	Amount (\$)		Payee address; City; State	e; Zip Co	ode				
	\$63.28		6700 Ferris St Ste 150						
			1738						
			Bellaire, TX 77401						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense						nplete Schedule T.
								officeholder living	Aimee Mobley Turney
							101		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l ight			Office he	eld
	expenditure to benefit C/OI	Н			0				
	Date	Γ	Pavee name						
	08/17/2023		The '401						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$81.75		6700 Ferris St Ste 150						
			1738						
			Bellaire, TX 77401						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE	ľ	Food/Beverage Expense	neuule)	Ň		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							officeholder living	
						Stan meals -	rell		Aimee Mobley Turney
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	lapt			Office he	eld
	expenditure to benefit C/OI				ignt			Unice he	ciu
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 55/69 Rpt: 74/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 08/17/2023	Payee name The '401							
6	Amount (\$) \$80.57	7 Payee address; City; State; Zip Code 6700 Ferris St Ste 150 1738 Bellaire, TX 77401							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meals - reimbursed to Aimee Mobley Tur								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/17/2023	The '401							
	Amount (\$) \$83.09	Payee address; City; State; Zip Code 6700 Ferris St Bellaire, TX 77401							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if trav Check if Austral Check if Austral	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense - reimbursed to Aimee Mobley Turney						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
⊢	Date	Pavee name							
	09/12/2023	The Alliance							
	Amount (\$) \$2,500.00	Payee address;City;State;Zip Code6440 Hillcroft St Ste 411							
		Houston, TX 77081							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense 1						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 56/69 Rpt: 75/89	Wu, Eugene Y. (The Honorable)	00068103					
4	Date	Payee name						
	08/18/2023	The Walk Houston						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00							
		1682						
		Houston, TX 77007						
8	PURPOSE							
Ũ	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
		Event sponso	orship					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/21/2023	The Westin St. Francis						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$249.22 335 Powell St							
		San Francisco, CA 94102						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/11/2023	Thurgood Marshall School of Law						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	3100 Cleburne St						
	DUDDOOF	Houston, TX 77004						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	putside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 57/69 Rpt: 76/89	Wu, Eugene Y. (The Honorable)	00068103					
4	Date	Payee name						
	07/11/2023	Thurgood Marshall School of Law						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$250.00	3100 Cleburne St						
		Houston, TX 77004						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF		el outside of Texas. Complete Schedule T.					
	EXPENDITURE		in, TX, officeholder living expense					
		Event ticket						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/23/2023	Time Wise						
Amount (\$) Payee address; City; State; Zip Code								
	\$49.58 2539 Bissonnet St							
		Houston, TX 77005						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.					
		Expense	in, TX, officeholder living expense					
		Fuel						
	Complete ONIL V if direct	andidate/Officeholder name Office sought	Office hold					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held					
-								
	Date 07/10/2023	Payee name US Postal Service						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.67	6500 De Moss Dr						
		1736						
		Houston, TX 77074						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.					
			in, TX, officeholder living expense					
		postage - re	imbursed to Elizabeth Connor					
	Complete ONIL V if direct		Office held					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Oncenelu					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food//Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Committee Legal Services Status Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID					Filer ID	(Ethics Commission Filers)	
	Sch: 58/69 Rpt: 77/89		Wu, Eugene Y. (The Honorable) 000681						00068103	
4	Date	5	Payee name					<u> </u>		
	10/18/2023		US Postal S	ervice						
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de			
-	\$64.02		6500 De Mo		,					
			1744							
			Houston, T>	77074						
_	DUDDOOF						(I-) - · · ·			
8	PURPOSE OF	(a)		e Categories listed at th		edule)	(b) Description	loute	ide of Texas. Com	nlata Schadula T
	EXPENDITURE		Office Over	nead/Rental Exp	Dense				, officeholder living	•
							postage - re	imb	ursed to Eliz	abeth Connor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	12/18/2023		Uber							
	Amount (\$)	┢	Payee addres	s; City;	State;	; Zip Co	de			
	\$17.96 1455 Market St									
			San Francis	co, CA 94103						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE			on Equipment &		,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE		Expense		Check if A			ck if Austin, TX, officeholder living expense		
							Transportati	on		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght		Office he	eld
	•									
	Date		Payee name							
	12/18/2023		Uber							
	Amount (\$)		Payee addres		State;	; Zip Co	de			
	\$12.95		1455 Marke	t St						
			San Francis	co, CA 94103						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b) Description			
	OF EXPENDITURE			on Equipment &	& Related				ide of Texas. Com	
			Expense						, officeholder living) expense
							Transportati			
	Complete ONLV if direct	Ļ	Candidate/Offic	ceholder name			abt		Office he	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januiuate/O∏I	Jenoider fiame	C	Office sou	JIIL		Onice he	eiu

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 59/69 Rpt: 78/89	Wu, Eugene Y. (The Honorable)00068							
4	Date	Payee	Payee name						
	11/20/2023	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$49.16	1455 N	larket St						
		San Fi	ancisco, CA 94103						
8	PURPOSE	a) Catego	ry (See Categories listed at the t	top of this sche	edule)	b) Description			
	OF EXPENDITURE	Transp	ortation Equipment & F					ide of Texas. Com	
		Expen	se					, officeholder living	expense
						Transportatio	חו		
_	Complete ONIL V if direct	Condidor	o/Officebolder.neme		office cours	ht		Office he	bld
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Canulua	e/Officeholder name	0	office soug	nı		Office fie	
	Date	Payee	name						
	11/20/2023	Uber							
Amount (\$) Payee address; City; State; Zip Code									
	\$51.62 1455 Market St								
	401.0L	1001							
		San Fi	ancisco, CA 94103						
	PURPOSE	a) Catego	ry (See Categories listed at the t	top of this sche	edule)	b) Description			
	OF EXPENDITURE		ortation Equipment & F	Related				ide of Texas. Com	
		Expen	se			Transportatio		, officeholder living	expense
						Transportatio	, , ,		
	Complete ONLY if direct	Candidat	e/Officeholder name		office soug	ht		Office he	ald
	expenditure to benefit C/Oł	Canalaa		0	mee soug			Office he	
	Date	Payee	name						
	09/07/2023	Uber							
	Amount (\$)		address; City;	Stato [.]	Zip Cod	0			
	\$28.66		Audress, City,	State,		C			
	φ20.00	1455 1	naiket St						
		San Fi	ancisco, CA 94103						
-	PURPOSE					b) Description			
	OF		Y (See Categories listed at the t ortation Equipment & F		edule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Expen		Relateu				, officeholder living	
						Transportatio	n		
	Complete ONLY if direct	Candidat	e/Officeholder name	0	office soug	ht		Office he	eld
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 60/69 Rpt: 79/89	Wu, Eugene Y. (The Honorable) 00068103							
4	Date	Payee name							
	09/11/2023	Uber							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$28.70	155 Market St							
		an Francisco, CA 94103							
8	PURPOSE	ategory (See Categories listed at th	e top of this schedule)	(b) Description					
	OF EXPENDITURE	ansportation Equipment &		Check if travel	outside of Texas. Complete Schedule T.				
	EXPENDITORE	kpense			n, TX, officeholder living expense				
				Transportatio	on				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held				
	Date	ayee name							
	08/14/2023	ber							
	Amount (\$)	ayee address; City;	State; Zip Co	ode					
	\$32.38 1455 Market St								
		an Francisco, CA 94103							
	PURPOSE OF	ategory (See Categories listed at th		(b) Description					
	EXPENDITURE	ansportation Equipment &	Related		outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
		kpense		Transportatio					
				Tranoportatio					
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	l Ight	Office held				
	expenditure to benefit C/OI			0					
-	Date	ayee name							
	08/14/2023	ber							
	Amount (\$)	ayee address; City;	State; Zip Co	ode					
	\$38.48	155 Market St							
	φ30.40								
		an Francisco, CA 94103							
	PURPOSE	ategory (See Categories listed at th	e top of this schedule)	(b) Description					
	OF EXPENDITURE	ansportation Equipment &	Related		outside of Texas. Complete Schedule T.				
		kpense			n, TX, officeholder living expense				
				Transportatio	on				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ight	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 61/69 Rpt: 80/89	Wu, Eugene Y. (The Honorable)	00068103						
4	Date 07/12/2023	Payee name Uber							
6	Amount (\$) \$5.00	7 Payee address; City; State; Zip Code \$5.00 1455 Market St San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Transportation Image: Check if Austin, TX, officeholder living expense Transportation									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/12/2023 Uber								
	Amount (\$) \$23.96	Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/12/2023	Uber							
	Amount (\$) \$28.72	Payee address; City; State; Zip Code 1455 Market St							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 62/69 Rpt: 81/89	Nu, Eugene Y. (The Honorable)	00068103						
4	Date	Payee name							
	07/13/2023	Uber							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$12.62	L455 Market St							
		San Francisco, CA 94103							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Des	scription						
	OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.						
		Expense	Check if Austin, TX, officeholder living expense						
		Ifa	ansportation						
9	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held						
5	expenditure to benefit C/OI		Once held						
	Date	Payee name							
	07/12/2023	Jber							
Amount (\$) Payee address; City; State; Zip Code									
	\$13.45 1455 Market St								
	Ψ10.40								
		San Francisco, CA 94103							
	PURPOSE OF		scription						
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Expense	ansportation						
	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	, i i i i i i i i i i i i i i i i i i i							
	Date	Payee name							
	07/14/2023	Jber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$28.99	L455 Market St							
		San Francisco, CA 94103							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Des	scription						
	OF EXPENDITURE	Transportation Equipment & Related	Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE		Check if Austin, TX, officeholder living expense						
	Transportation								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 63/69 Rpt: 82/89	Wu, Eugene Y. (The Honorable)	00068103					
4	Date 07/14/2023	5 Payee name Uber						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$61.17 1455 Market St San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/17/2023	Uber						
	Amount (\$) \$16.96	Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/04/2023	United Airlines						
	Amount (\$) \$87.41	Payee address; City; State; Zip Code 233 S Wacker Dr 1687 Chicago, IL 60606						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 64/69 Rpt: 83/89		Wu, Eugene Y. (The Honorable)00068103							
4	Date	5	Payee name							
	12/04/2023		United Airlines							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$79.00		233 S Wacker Dr							
			1687							
			Chicago, IL 60606							
8	PURPOSE	(a)	Category (See Categories listed at the t		ad ad a 2	(b) Description				
-	OF		Travel Out of District	op of this sche	edule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, ТХ	, officeholder living) expense	
						Airfare				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	ht		Office he	eld	
	Date		Payee name							
	12/04/2023		United Airlines							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$79.00 233 S Wacker Dr									
			1687							
			Chicago, IL 60606							
	PURPOSE	(2)	-			(b) Description				
	OF	(")	Category (See Categories listed at the t Travel Out of District	op of this sche	edule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Have out of District			Check if Austin	, тх	, officeholder living	expense	
						Airfare				
	Complete ONLY if direct		Candidate/Officeholder name	0	office sou	ht		Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	10/30/2023		United Airlines							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$697.85		233 S Wacker Dr							
			1687							
			Chicago, IL 60606							
	PURPOSE	(2)	0			(b) Description				
	OF	(a)	Category (See Categories listed at the t Travel Out of District	op of this sche	edule)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							, officeholder living		
						Airfare				
	Complete ONLY if direct		Candidate/Officeholder name	0	office sou	ht		Office he	eld	
	expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense by - Gift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME	ER NAME				Filer ID	(Ethics Commission Filers)	
	Sch: 65/69 Rpt: 84/89		Wu, Eugene Y. (The Honorable)00068103							
4	Date	5	Payee name							
	10/30/2023		United Airlines							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$119.00		233 S Wacker Dr							
			1687							
			Chicago, IL 60606							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District		,		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						, тх	, officeholder living) expense	
						Airfare				
_								0111		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Ĺ	Office sou	nt		Office he	910	
	Date		Payee name							
	08/14/2023		United Airlines							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$80.00 233 S Wacker Dr									
			1687							
			Chicago, IL 60606							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out of District		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						, TX	, officeholder living) expense	
						Airfare				
	Complete ONLY if direct		Candidate/Officeholder name)ffico cour	bt		Office he		
	expenditure to benefit C/OI		andidate/Onicenoider name	Ĺ	Office sou	III		Onice ne	eiu	
_	Data	1								
	Date 08/14/2023		Payee name United Airlines							
				Stata	Zin Co					
	Amount (\$) \$99.00		Payee address; City; 233 S Wacker Dr	State;	Zip Co					
	\$99.00									
			1687							
			Chicago, IL 60606							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Com , officeholder living		
						Airfare	, 1	, onicendider living	Texpense	
-	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ht		Office he	eld	
	expenditure to benefit C/OH									
-										

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex			yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 66/69 Rpt: 85/89		Wu, Eugene Y. (The Honorabl	e)				00068103			
4	Date	5	Payee name								
	08/23/2023		United Airlines								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$617.10		233 S Wacker Dr								
			1687								
			Chicago, IL 60606								
_	505505		-			4 X					
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District					ide of Texas. Com , officeholder living			
						Airfare	1, 1 A	, onicendider hving	expense		
						Anare					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght		Office he	eld		
	Date		Payee name								
	07/03/2023		United Airlines								
	Amount (\$)	-	Payee address; City;	State	Zip Co	de					
	.,			State,	, Zip Coi	ue					
	\$110.75 233 S Wacker Dr										
	1687										
			Chicago, IL 60606								
	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	edule)	(b) Description					
	OF		Travel Out of District		,		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE Check if Austin, TX, officeholder living expense								expense		
						Airfare					
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н									
-	Date	Γ	Payee name								
	12/28/2023		WB Liquors								
			•	0		-J -					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de					
	\$113.63		3834 Richmond Ave								
			Houston, TX 77027								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description					
			Event Expense		,	•	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		-					, officeholder living	expense		
						Event bevera	age	S			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н									

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 67/69 Rpt: 86/89	Wu, Eugene Y. (The Honorable) 00068103							
4	Date 09/27/2023	Payee name WB Liquors							
_									
6	Amount (\$) \$76.84	7 Payee address; City; State; Zip Code 3834 Richmond Ave							
	Φ70.04	3634 RICHHOND AVE							
		Houston, TX 77027							
_	BUBBOCE								
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the company	outside of Texas. Complete Schedule T.						
	EXPENDITURE		TX, officeholder living expense						
		Event bevera							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
_	Date	Payee name							
	12/11/2023	Wal Mart							
	Amount (\$) Payee address; City; State; Zip Code								
	Φ045.04	\$645.64 2727 Dunvale Rd							
		Houston, TX 77063							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF Office Overhead/Rental Expense								
	Check if Austin, TX, officeholder living expense Office supplies								
	Onice supplies								
	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office hold						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/13/2023	Washington DC Taxi							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$24.92	2235 Shannon Plc							
		Washington, DC 20036							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Taxi							
	_								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political of Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 68/69 Rpt: 87/89							00068103		
4	Date	5	Payee name							
	12/08/2023		Welcome Food Center							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$134.93		9180 Bellaire Blvd							
			Houston, TX 77036							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	elube)	(b) Description				
	OF	Ľ	Food/Beverage Expense		ieuuie)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense		
						Office food				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	Jht		Office held		
	Date		Payee name							
	08/17/2023		Yoseph Mekonnen							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
\$21.28 Requested										
	Ψ21.20		Requested							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct		Candidate/Officeholder name	(Office sour	ıht		Office held		
	expenditure to benefit C/OI	Н			·					
	Date		Payee name							
	08/17/2023		ZOA Moroccan Kitchen							
	Amount (\$)		Payee address; City;	State	; Zip Co	10				
	\$73.16		6700 S Rice Ave	Olule,	, 20 00					
	ψ <i>1</i> 3.10									
1738										
			Bellaire, TX 77401							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense mbursed to Aimee Mobley Turney		
						Stall meals -	iei	Induised to Aimee Mobiley Turney		
	0 1.1 0.111									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Jht		Office held		
	,									
1										

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Off Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir			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)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 69/69 Rpt: 88/89	Wu, Euger	ne Y. (The Honorabl	e)				00068103		
4	Date	5 Payee nam	9				1			
	12/07/2023	Zoom	-							
6	Amount (\$) \$159.80	 Payee addr 55 Almade San Jose, 	n Blvd Fl 6	State;	Zip Coo	le				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Video conference service Video conference service									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office he	ld	
	Date	Payee nam	e							
	08/21/2023	Zoom								
	Amount (\$) \$159.80	Payee addr 55 Almade San Jose,	n Blvd Fl 6	State;	Zip Coc	le				
	PURPOSE OF EXPENDITURE						ide of Texas. Complete Schedule T. , officeholder living expense CE SEIVICE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office he	eld	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: /1 Rpt: 89/89							
2	FILER NAME	3 Filer ID	(Ethics Commission Filers)						
	Wu, Eugene	Υ.	00068	103					
4	Date	5	Name of person from whom amount is received	I		8 Amount (\$)			
	09/11/2023		Amazon		\$292.18				
		6	Address of person from whom amount is received; City; State; Zip Code						
			Seattle, WA 98108						
		7	Purpose for which amount is received	Check if po	litical conti	al contribution returned to filer			
			overhead						