CORRECTION/AMENDMENT AFFIDAVIT FORM JCOR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00082014 53 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Robbie S. 01/15/2024 NAME NICKNAME LAST **SUFFIX** Partida-Kipness Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff Other (specify) REPORT TYPE July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) **ORIGINAL PERIOD** Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** Report updated before deadline to properly attribute a donation **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Robbie S. Partida-Kipness Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082014 53 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Robbie S. NAME Date Received **ELECTRONICALLY FILED** 01/15/2024 NICKNAME LAST **SUFFIX** Partida-Kipness CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Robbie S. NAME NICKNAME LAST **SUFFIX** Partida-Kipness **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 405-6480 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 5

GO TO PAGE 2
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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Partida-Kipness, Robbie S. (The Honorable) 14 Filer ID 00082014				(Ethics Con	nmission Filers)
candidate / officeholder.	These expenditures may have been	en made without t	the candidate's or offic	ceholder's kr	nowledge or
COMMITTEE TYPE	COMMITTEE NAME				
GENERAL					
	COMMITTEE ADDRESS				
SPECIFIC					
	COMMITTEE CAMPAIGN TREAS	SURER NAME			
	COMMITTEE CAMPAIGN TREAS	SURER ADDRES	SS		
				\$	0.00
		TEES OF LOANS	S)	\$	57,764.59
PENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TALS					0.00
4. TOTAL POLIT	ICAL EXPENDITURES			\$	32,548.21
		D AS OF THE LA	AST DAY OF THE	\$	150,079.24
		DING LOANS AS	OF THE LAST DAY	\$	0.00
	true and corre	ct and includes al			
		The Honorable	Robbie S. Partida	-Kipness	
		Signature of	Candidate or Officeh	older	
ΓARY STAMP / SEAL AB	OVE				
cribed before me, by the s	aid		, this the		day
, 20, to c	ertify which, witness my hand and s	seal of office.			
er administering oath	Printed name of officer admi	nistering oath	Title of offic	er administe	ring oath
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE 2. TOTAL POLIT (OTHER THAN 3. TOTAL UNITEM 4. TOTAL POLITIC REPORTING PE 6. TOTAL PRINCIP OF THE REPOR	This box is for notice of political contributions accepted or particulate / officeholder. These expenditures may have bee consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to committee the property of the proper	This box is for notice of political contributions accepted or political expenditure and didate / officeholder. These expenditures may have been made without to consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTORY OF THE COMMITTEE CAMPAIGN TREASURER ADDRESS 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS). OR GUARANTEES OF LOANS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L. REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD I swear, or affirm, under penalty true and correct and includes at under Title 15, Election Code. The Honorable Signature of TARY STAMP / SEAL ABOVE Stribed before me, by the said Committee of the committ	This box is for notice of political contributions accepted or political expenditures made by political candidate? of ficeholder. These expenditures may have been made without the candidate's or drift consent. Candidates and officeholders are required to report this information only if they receive it consent. Candidates and officeholders are required to report this information only if they receive it consent. Candidates and officeholders are required to report this information only if they receive it consents are required to report this information only if they receive it consents are required to report this information only if they receive it consents are required to report this information only if they receive it consents are required to report this information only if they receive it consents are required and required and required to report this information only if they receive it consents are required and required and required to report this information only if they receive it is information only if they receive	This box is for notice of political contributions accepted or political expenditures made by political committees candidate / officeholder. These expenditures may have been made without the candidates or officeholder's ke consent. Candidates and officeholders are required to report this information only if they receive notice of such consent. Candidates and officeholders are required to report this information only if they receive notice of such consent. Candidates and officeholders are required to report this information only if they receive notice of such consent. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates and officeholders are required to report this information only if they receive notice of such consents. Candidates and officeholders are required to political candidates and officeholder candidates and information required to be report under Title 15, Election Code. Total Political contributions maintained and officeholder candidates of candidate or officeholder the Honorable Robbie S. Partida-Kipness Signature of Candidate or officeholder candida

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					4 of 53
	.ER NAN .rtida-Ki	ness, Robbie S. (The Honorable)	19 Filer ID 00082014	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	\$	54,975.00		
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,789.59
3.		\$			
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				28,180.90
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,367.31
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	105.94

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/21 Rpt: 5/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/26/2023			7	Amount of Contribution (\$) \$250.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>	
ľ	Attorney	-Tiricipai Occupation		Attorney		
10	10 Contributor's employer/law firm 11 Law firm of contributor's s			2011	so (if any)	
10	Self Employe			11 Law IIIII of Continution 3 Sp	Jou.	se (II dily)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/29/2023	Ariola, David Contributor address; City; Leander, TX 78641	State; Zip Code			\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Regional Vic			Regional Vice Presiden	t	
		employer/law firm		Law firm of contributor's sp		se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	12/07/2023	Baker Botts Amicus Fun	d			\$5,000.00
		Contributor address; City; Houston, TX 77002	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Baker Botts	Amicus Fund				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/21 Rpt: 6/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honorab	ole)		3 Filer ID (Ethics Commission Filers) 00082014
4	Date 10/26/2023				7 Amount of Contribution (\$) \$250.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	1
	Attorney			Attorney	
10	Contributor's of Self Employe	employer/law firm ed		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	nny)	l	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/04/2023 Bocell, Kimberly Contributor address; City; State; Zip Code Dallas, TX 75214			\$50.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Steed Dunni	ll Reynolds Bailey Stephensor	n		
	If contributor is	s a child, law firm of parent(s) (if a	nny)	l	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/07/2023	Bracewell PAC Contributor address; City; St	ate; Zip Code		\$500.00
		Houston, TX 77002			
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Bracewell P	AC			
	If contributor is	s a child, law firm of parent(s) (if a	nny)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/21 Rpt: 7/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/08/2023	5 Full name of contributor Bragalone, Mickie6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Dallas, TX 75214				
8		Principal Occupation		9 Contributor's Job Title		
	Not Employe			Not Employed		
10	Contributor's e	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/04/2023 Castaneda, Kirsten Contributor address; City; State; Zip Code			-	\$150.00	
		Dallas, TX 75240		T =		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		(1)
		employer/law firm ubose & Jefferson LLP		Law firm of contributor's sp	ous	se (II any)
			5 a.m.)			
	if contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/23/2023	Dion, Shannon				\$50.00
		Contributor address; City; Mobile, TX 75006	State; Zip Code		•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	_	
	Not Employe	ed		Not Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 4/21 Rpt: 8/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	ble)		3	Filer ID (Ethics Commission Filers) 00082014
4	10/25/2023 Donovan, Hon Carol 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Dallas, TX 75214		_		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney					
10		employer/law firm ee Donovan PC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/05/2023	Dubiel, John Contributor address; City; S	State; Zip Code			\$100.00
		Dallas, TX 75231		T		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	Self Employe	• •		Law IIIII of Contributor 3 Sp	Jous	se (ii aiiy)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/16/2023	Fee, Smith, & Sharp, LLF Contributor address; City; S Dallas, TX 75240			•	\$500.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Fee, Smith,	& Sharp, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/21 Rpt: 9/53	=
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		1	Filer ID (Ethics Commission Filers) 00082014	_
4	Date 10/04/2023	5 Full name of contributor Frazier, Veretta6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.0	- Э
		Carrollton, TX 75006					
8		Principal Occupation		9 Contributor's Job Title			
	Judge						
10	10 Contributor's employer/law firmState of Texas11 Law firm of contributor's sp				oouse	e (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (if	f any)	1			_
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	10/27/2023 Frost Brown Todd LLP Contributor address; City; State; Zip Code				\$1,000.0	C	
		Dallas, TX 40202		T			_
	Contributor's I	Principal Occupation		Contributor's Job Title			
Г	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)	_
	Frost Brown	Todd LLP					
	If contributor i	s a child, law firm of parent(s) (if	fany)				_
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ.	Amount of Contribution (\$)	=
	10/19/2023	Galliani, Carlos				\$100.0	0
		Contributor address; City; Dallas, TX 75230	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			_
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)	
	The Galliani	Firm					
	If contributor i	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL CONTR	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to com	plete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/21 Rpt: 10/53	
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honorable)			3 Filer ID (Ethics Commission F 00082014	Filers)
4	Date 10/26/2023				7 Amount of Contribution (\$)	\$100.00
8	Contributor's Principal Occupation 9 Contributor's Job Title					
	Attorney			Attorney		
10	O Contributor's employer/law firm Hernandez Law Group 11 Law firm of contributor's spi			spouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-s	state PAC (ID#:_		Amount of Contribution (\$)	
	10/27/2023 Gray Reed & McGraw LLP Contributor address; City; State; Zip Code				1,000.00	
	Contributor's I	Dallas, TX 77056 Principal Occupation		Contributor's Job Title		
	Continuator S i	-ппстрат Оссираціон		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	Gray Reed &	McGraw LLP				
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-s	state PAC (ID#:_)	Amount of Contribution (\$)	
	10/16/2023	Gruber, Mike Contributor address; City; State; Zip Co Dallas, TX 75201	ode		\$1	1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's sp				spouse (if any)	
Greenberg Traurig						
	If contributor i	s a child, law firm of parent(s) (if any)				
_						

MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains ho	w to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 7/21 Rpt: 11/53
2 FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3 Filer ID (Ethics Commission Filers) 00082014
4 Date 07/12/2023			7 Amount of Contribution (\$) \$500.00	
	Dallas, TX 75202			
8 Contributor's I	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (i	f any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023 Hernandez, Flora Contributor address; City; State; Zip Code			\$250.00	
Cambrilla stanla	Dallas, TX 75225		Contributor's Job Title	<u>l</u>
Not Employe	Principal Occupation		Not Employed	
	employer/law firm		Law firm of contributor's sp	nouse (if any)
Not Employe			Law IIIII of Continuator 5 of	pouse (ii arry)
	s a child, law firm of parent(s) (i	f any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/30/2023	Hernandez, Flora			\$250.00
Contributor address; City; State; Zip Code Dallas, TX 75225				·-
Contributor's F	Principal Occupation		Contributor's Job Title	1
Not Employe	ed		Not Employed	
Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
Not Employe	ed			
If contributor is	s a child, law firm of parent(s) (i	f any)		

M	ONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCH	HEDULE A(J)1
The	e Instru	ction Guide explains hov	v to complete this f	form.	1 Total pages Sch Sch: 8/21 Rpt	
l	ER NAME tida-Kipn	ess, Robbie S. (The Honoral	ole)		3 Filer ID (Ethic	es Commission Filers)
4 Date 10/2	10/27/2023 Holland and Knight Texas PAC 6 Contributor address; City; State; Zip Code		7 Amount of Cont	tribution (\$) \$1,000.00		
		Dallas, TX 75201		T		
8 Con	itributor's F	Principal Occupation		9 Contributor's Job Title		
l	LO Contributor's employer/law firm Holland and Knight Texas PAC			oouse (if any)		
12 If co	ontributor is	s a child, law firm of parent(s) (if a	any)	•		
Date	<u></u> е	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Con	tribution (\$)
11/2	11/28/2023 Holland and Knight Texas PAC Contributor address; City; State; Zip Code				\$1,000.00	
Con	tributor's [Dallas, TX 75201		Contributor's Job Title		
Con	itiibutoi 5 i	Principal Occupation		Continuator's Job Title		
Con	tributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
Hol	land and	Knight Texas PAC				
If co	ontributor is	s a child, law firm of parent(s) (if	any)			
Date	e	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Con	tribution (\$)
10/2	26/2023	Hollingsworth, Cynthia	` -	,		\$100.00
		Contributor address; City; S Dallas, TX 75206	tate; Zip Code			
Con	itributor's F	Principal Occupation		Contributor's Job Title		
l	orney	Timospai Godapation		Attorney		
Con	tributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
Hol	lingswort	hWalker				
If co	ontributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 9/21 Rpt: 13/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	ble)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/04/2023	5 Full name of contributor Holmes, James6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75201		T		
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		and the sun of
10	Holmes PLL	employer/law firm C		11 Law firm of contributor's sp	oous	se (IT any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/08/2023	Illich, Niles Contributor address; City; S	State; Zip Code			\$250.00
_	Contributor's	Dallas, TX 75244 Principal Occupation		Contributor's Job Title		
	Attorney	этпісіраї Оссираціон		Attorney		
_		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	Scott H Paln	• •				,
	If contributor is	s a child, law firm of parent(s) (if	any)	l		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/07/2023	Jackson Walker L.L.P. P Contributor address; City; S				\$2,500.00
		Dallas, TX 75201				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Jackson Wa	lker L.L.P. PAC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/21 Rpt: 14/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honor	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/27/2023	5 Full name of contributorJim S. Adler6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
L	Cantributaria	Houston, TX 77027		O Constributorio Joh Titlo		
8	Contributors	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm Jim S. Adler 11 Law firm of contributor's sp			oous	se (if any)	
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 10/13/2023 Johnson, Anne Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00		
		Dallas, TX 75230				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		nnson Patton				
	if contributor i	s a child, law firm of parent(s) (i	t any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/23/2023	Johnson, Anne	_			\$250.00
		Contributor address; City; Dallas, TX 75230	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Tillotson Joh	nnson Patton				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/21 Rpt: 15/53	
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		1	Filer ID (Ethics Commission Filers) 00082014	
4	Date 10/23/2023	5 Full name of contributor Johnson, Anne6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.	00
		Dallas, TX 75230		_			
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	0 Contributor's employer/law firm 11 Law firm of contributor's s Tillotson Johnson Patton				oous	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	10/13/2023 Kastl, Kristina Contributor address; City; State; Zip Code				\$1,000.	00	
		Dallas, TX 75204					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Kastl Law Po						
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	_
	10/23/2023	LaMorgese, Brad	_			\$500.	00
		Contributor address; City; Dallas, TX 75225	State; Zip Code				
	Contributor's I	rincipal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	Orsinger Ne	lson Downing and Anderson					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/21 Rpt: 16/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 07/08/2023	5 Full name of contributor Luna, Chris6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Garland, TX 75044				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	O Contributor's employer/law firm Luna Law Office 11 Law firm of contributor's s				oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/26/2023 Mason, Brian Contributor address; City; State; Zip Code Dallas, TX 75225					\$250.00
_	Contributorio	Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
	Greenberg 1					
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/21/2023	McGraw, Pamela	_ ` `			\$100.00
		Contributor address; City; Denison, TX 75021	State; Zip Code		•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Pamela McC	Graw PC				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1 Sch: 13/21 Rpt: 17/53	:
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commissi 00082014	on Filers)
4	Date 10/06/2023	Full name of contributor McGraw, Pamela Contributor address; City; 3	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Denison, TX 75021					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	O Contributor's employer/law firm Pamela McGraw PC				ous	se (if any)	
12	If contributor i	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/06/2023	Mena, Alma Contributor address; City;	State; Zip Code				\$2,500.00
		Dallas, TX 75231					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Not Employe	ed		Not Employed			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Not Employe			Nachawati Law Group			
	If contributor i	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/31/2023	Mullen & Mullen Law Fir	m, Inc.				\$2,500.00
		Contributor address; City; S Dallas, TX 75207	State; Zip Code				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)	
		llen Law Firm, Inc.					
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/21 Rpt: 18/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 12/07/2023	5 Full name of contributor Munsch Hardt Kopf Harn6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
8	Contributor's I	Dallas, TX 75201 Principal Occupation		9 Contributor's Job Title	<u>L</u>	
	O Contributor's employer/law firm Munsch Hardt Kopf Harr, P.C. If contributor is a child, law firm of parent(s) (if any)			oous	se (if any)	
	Date	Full name of contributor	David of state DAC (ID)		T	Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2023 Nachawati, Majed Contributor address; City; State; Zip Code			•	\$5,000.00	
		Dallas, TX 75231				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Nachawati L					
	If contributor is	s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/27/2023	Nayelly Dominguez	_ ` `	·		\$100.00
		Contributor address; City;	State; Zip Code		•	
		Dallas, TX 76063		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Nayelly Dom	ninguez				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 15/21 Rpt: 19/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/31/2023	5 Full name of contributor Norton Rose Fulbright U6 Contributor address; City;			7	Amount of Contribution (\$) \$2,500.00
	Contributor's I	Houston, TX 77010		9 Contributor's Job Title		
°	Contributors	Principal Occupation		9 Contributor's Job Title		
10	O Contributor's employer/law firm Norton Rose Fulbright US LLP Texas Committee				oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/24/2023	Phillips, Wick Contributor address; City; Dallas, TX 75204	State; Zip Code			\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	inicipal Cocapation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/26/2023	Reed, Charlie Contributor address; City; Dallas, TX 75231	State; Zip Code			\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Reed Law					
	If contributor is	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL CONTRIB	UTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A(J)1: Sch: 16/21 Rpt: 20/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082014
4	Date 07/04/2023	5 Full name of contributor out-of-state P Resendez, Jaime 6 Contributor address; City; State; Zip Code	PAC (ID#:_		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75217		_		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Jaime Resei	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if any)				
	. Il contributor i	s a crina, law iirii or parcria(s) (ii ariy)				
F	Date	Full name of contributor out-of-state P	AC (ID#:_)	Γ	Amount of Contribution (\$)
	10/04/2023	Schwegmann, Chris	- \ -	······································		\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201		I		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	oo (if any)
		Hurst & Schwegmann		Law littl of contributors sp	,ou	se (II ally)
		s a child, law firm of parent(s) (if any)				
		o a sima, tan iiiii si parsin(s) (ii ariy)				
	Date	Full name of contributor out-of-state P	AC (ID#:_)		Amount of Contribution (\$)
	10/16/2023	Shackleford, Bowen, McKinley & Norton	, LLP			\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75231				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Shackleford,	Bowen, McKinley & Norton, LLP				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		\$	SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1		s Schedule A(J)1 1 Rpt: 21/53	:
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Partida-Kipn	ess, Robbie S. (The Honora	able)			00082014		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of	Contribution (\$)	
	10/16/2023	Shamoun & Norman LLF	0					\$2,500.00
		6 Contributor address; City;	State; Zip Code					
		Farmers Branch, TX 752	234					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•			
10		employer/law firm		11 Law firm of contributor's s	pous	e (if any)		
		Norman LLP						
12	! If contributor i	s a child, law firm of parent(s) (if	any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of	Contribution (\$)	
	10/16/2023	Shrader & Associates, L	LP					\$5,000.00
		Contributor address; City;	State; Zip Code		"			
		Houston, TX 77046						
	Contributor's I	I Principal Occupation		Contributor's Job Title				
	Continuation	Throiper Goodpation		Continuator 5 des Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	e (if any)		
	Shrader & A	ssociates, LLP						
	If contributor i	s a child, law firm of parent(s) (if	any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:	,	\overline{T}	Amount of	Contribution (\$)	
	10/16/2023	Song Whiddon PLLC	out or state 1710 (IB//.			, 0.	(4)	\$75.00
		Contributor address; City;	State: Zin Code					
			J. J					
		Dallas, TX 75251						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	e (if any)		
	Song Whidd	on PLLC						
	If contributor i	s a child, law firm of parent(s) (if	any)	1				
\vdash								

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 18/21 Rpt: 22/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/26/2023	5 Full name of contributor Spencer Johnson & Har6 Contributor address; City;			7	Amount of Contribution (\$) \$5,000.00
8	Contributor's F	Dallas, TX 75201 Principal Occupation		9 Contributor's Job Title		
10	O Contributor's employer/law firm Spencer Johnson & Harvell PLLC			oous	se (if any)	
12	•	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/04/2023 Suhr, Monika Contributor address; City; State; Zip Code				\$100.00	
		San Mateo, CA 94402				
Г	Contributor's Principal Occupation Contributor's Job Title			_		
	Communicat	tions		Communications		
	Contributor's of Stanford	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/04/2023	Taylor, Ben				\$250.00
		Contributor address; City; Dallas, TX 75214	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ted B Lyon	& Associates PC				
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 19/21 Rpt: 23/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/25/2023	5 Full name of contributor Udashen, Gary6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
Ļ	0	Dallas, TX 75231		In 0 12 1 1 1 7 2		
8		Principal Occupation		9 Contributor's Job Title		
10	Attorney Contributor's	employer/law firm		Attorney 11 Law firm of contributor's sp	2011	co (if any)
10	Self Employed				Jou.	se (II ally)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/04/2023 Vo, Trinh Contributor address; City; State; Zip Code Dallas, TX 75204					\$100.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	IT	inicipal Cocapation		IT		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
_	Freeman If contributor i	c a shild law firm of parant(s) (ii	· anu)			
	ii contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/04/2023	Vo, Trinh				\$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75204					
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	IT			IT		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Freeman					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/21 Rpt: 24/53
2	FILER NAME Partida-Kipn	ess, Robbie S. (The Honora	able)		3	Filer ID (Ethics Commission Filers) 00082014
4	Date 10/27/2023	5 Full name of contributor Weitzel, Diana6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Dallas, TX 75287		_		
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	O Contributor's employer/law firm Diana Weitzel & Associates				oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/26/2023 Willis, Sandra Contributor address; City; State; Zip Code					\$2,500.00
		Austin, TX 78723				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Accounting			Accounting		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self Employe	ed ————————————————————————————————————				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	07/12/2023	de la Garza, Leland	_			\$250.00
		Contributor address; City; Dallas, TX 75202	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hallett Perrir	ı				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	I	nges Schedule A(J)1: 1/21 Rpt: 25/53
2	FILER NAME	oca Dahhia C. (The Hanarahla)		3 Filer ID 000820	(Ethics Commission Filers)
_		Partida-Kipness, Robbie S. (The Honorable)			
4	Date 10/16/2023	5 Full name of contributor out-of-state PAC (ID#:_ de la Garza, Leland)	/ Amount	of Contribution (\$)
					\$500.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75202			
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	<u> </u>	
	Attorney		Attorney		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any))
	Hallett Perrii	n			
12		s a child, law firm of parent(s) (if any)	l		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sc Sch: 1/1 Rpt:					
2 FILER NAME Partida-Kipr	ness, Robbie S. (The Honorable)		3 Filer ID (Ethic	es Commission Filers)				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 10/26/2023	5 Date 10/26/2023 6 Full name of contributor out-of-state PAC (ID#:) 8 Barnes & Thornburg LLP 7 Contributor address; City; State; Zip Code			9 In-kind contribution description In-kind value of event catering and expenses				
10 Principal occu	Dallas, TX 75201 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)				
TO Fillicipal occi	apation 7 300 title (FOR NON-3001CIAE)	Limployer (1 OK NOK	1-JODICIAL) (SECT	nou doubles)				
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	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 08/19/2023	Full name of contributor out-of-state PAC (ID#: Flanary, Donald Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description In-kind value of event expenses				
	McKinney, TX 75070		Check if travel	I Dutside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney						
	employer/law firm (FOR JUDICIAL) of Don Flanary	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: Texas Justice Democrats Contributor address; City; State; Zip Code)	Amount of contribution (\$) \$689.59	In-kind contribution description In-kind value of petition collection services				
	Dallas, TX 75214		•	I I outside of Texas. Complete Schedule T.				
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 1/25 Rpt: 27/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014	
4	Date 12/04/2023	5 Payee name 23rd Senatorial District Tejano Democrats	
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 226534	
8	PURPOSE OF EXPENDITURE	Dallas, TX 75222 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 09/14/2023	Payee name AFL CIO Dallas	
	Amount (\$) \$185.00	Payee address; City; State; Zip Code 1408 N Washington	
	PURPOSE OF EXPENDITURE	Dallas, TX 75204 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 09/22/2023	Payee name American Inns of Court	_
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 225 Reinekers Lane Ste. 770	
		Alexandria, VA 22314	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership dues	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/25 Rpt: 28/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	09/25/2023	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.50	2101 Ross Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during Continuing Legal Education event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/31/2023	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
	Ψ2.00	FO BOX 23113
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service charge
		Service charge
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/31/2023	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank service fee
		Daily service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 29/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	09/29/2023	Bank of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
	!	
		Dallas, TX 75229
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Bank service fee
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
H	Date	Payee name
	10/31/2023	Bank of Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
	!	
		Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Bank service fee
	!	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
H	Date	Payee name
	11/30/2023	Bank of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	PO Box 29775
	!	
	!	Dallas, TX 75229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank service fee
	1	Dank Service Ice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
	·			The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 4/25 Rpt: 30/53		Partida-Kipn	ess, Robbie	S. (The Hor	norable)				00082014	4	
4	Date	5	Payee name									
	12/29/2023		Bank of Texa	as								
6	Amount (\$)	7	Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$2.00		PO Box 297	75								
			Dallas, TX 7	5229								
8	PURPOSE	(a)	Category (See	e Categories listed a	at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Fees			•		Check if travel	outsi	de of Texas. C	omplete Schedule	e T.
	EXPENDITORE							Check if Austin	, TX,	officeholder liv	ing expense	
								Bank service	fee	;		
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ight			Office	held	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	07/28/2023		Beyond the	Slogan								
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$280.00		305 W Comr	merce								
			Dallas, TX 7	5208								
_	DUDDOGE	_					4->					
	PURPOSE OF			e Categories listed	at the top of this s	chedule)	(a)	Description	outoi	do of Toyon C	ampleta Cabadula	, T
	EXPENDITURE		Consulting E	xpense				Check if Austin			omplete Schedule ing expense	# I.
								Campaign ou				
								oampaign oa		0011 001 110		
	Complete ONLY if direct		`andidate/Offic	eholder name		Office sou	laht			Office	held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
		_										
	Date	l	Payee name									
	08/15/2023		Breadwinner	'S								
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$459.58		7205 Envoy	Ct								
			Dallas, TX 7	5247								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this s	chedule)	(b)	Description				
	OF		Food/Bevera			,			outsi	de of Texas. C	omplete Schedule	e T.
	EXPENDITURE			.5-				Check if Austin	, TX,	officeholder liv	ing expense	
								Thank you git	fts	for suppor	ters	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ight			Office	held	
	expenditure to benefit C/OF	Н										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/25 Rpt: 31/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	12/21/2023	Casada, Hilaree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	10529 Le Mans Dr
		Dallas, TX 75238
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Birthday gift for staff attorney
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	
	10/02/2023	Payee name Cebolla Fine Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.08	4415 Lovers Ln
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Congratulatory gift to colleague
		Congratulatory gift to concague
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 08/31/2023	Payee name Dollas County Domogratic Party
		Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$531.45	1414 N Washington Ave
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising sponsorship of event and event ticket
		Auvertising sponsorship of event and event ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/25 Rpt: 32/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 11/27/2023	5 Payee name Dallas County Young Democrats
6	Amount (\$) \$117.51	7 Payee address; City; State; Zip Code 3105 San Jacinto, 209
		Dallas, TX 75204
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/18/2023	Payee name Dallas Hispanic Bar Foundation
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 2101 Ross Ave
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of gala event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/20/2023	Payee name Dallas LGBTQ Bar Association
	Amount (\$) \$386.30	Payee address; City; State; Zip Code 2101 Ross Avenue
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 7/25 Rpt: 33/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082014
4			1 0002017
	Date 07/03/2023	5 Payee name Dallas Photo Lab	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$195.00	3824 Cedar Springs Rd #169	
		Dallas, TX 75219	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T.
		☐ Check if Aus Photograph	tin, TX, officeholder living expense V
			-
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/20/2023	Dallas Photo Lab	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$195.00	3824 Cedar Springs Rd #169	
		Dallas, TX 75219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Advertising Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Photograph	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/14/2023	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,200.00	8552 Royal County Down Dr	
		McKinney, TX 75070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		l	consulting, management and fundraising
		services	5
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manage Calculula E4.		_
1	Total pages Schedule F1: Sch: 8/25 Rpt: 34/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014	
4	Date	5 Payee name	
	09/15/2023	Democracy Toolbox	
6	Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 8552 Royal County Down Dr McKinney, TX 75070	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event planning services	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/10/2023	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,830.00	8552 Royal County Down Dr	
		McKinney, TX 75070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign consulting, management, fundraising an event planning services	d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/27/2023	Democracy Toolbox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$650.00	8552 Royal County Down Dr	
		McKinney, TX 75070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Event planning services	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed abov	re)
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 9/25 Rpt: 35/53		ness, Robbie S. (1	The Honorable)				00082014	•	
4	Date	5 Payee name								
	11/20/2023	Democracy	Toolbox							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$2,000.00	8552 Roya	County Down Dr							
		McKinney,	TX 75070							
8	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense					de of Texas. Com		
						\Box		officeholder living	gement and fun	draicina
						services	1130	aiting, mana	gement and ran	araisirig
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O	-								
	Date	Payee name								
	12/31/2023	DonorBox								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$1,235.93	5 3rd St, Sı	uite 900							
		San Franci	sco, CA 94103							
	PURPOSE OF	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
EXPENDITURE		Fees						de of Texas. Com		
						_		officeholder living	i expense Ionations during	tho
						reporting peri		s ioi oiliille c	ionations during	uie
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O									
	Date	Payee name								
	11/20/2023	Double Go	od							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	4012 Kite N	leadow Dr							
		Plano, TX	75074							
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com		
						Snacks for ev		officeholder living	expense	
						SHACKS IUI EV	CII	ι		
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht Iaht			Office he	eld .	
	expenditure to benefit C/OH									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 36/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	11/01/2023	Edwards & Patterson Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$779.61	203 S Beltline Rd
		Irving, TX 75060
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/19/2023	Haywire
	Amount (\$) \$124.39	Payee address; City; State; Zip Code 1920 McKinney Ave Ste 100
	Ψ124.00	1920 MCKIIIIley Ave Sie 100
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EA LIBITE.	Check if Austin, TX, officeholder living expense Meal with interns
		ivieai with interns
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	B :-	
	Date	Payee name
	08/28/2023	Haywire
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.14	1920 McKinney Ave Ste 100
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Birthday lunch for staff attorney
		Similary family
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 37/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	08/21/2023	Hilton Anatole Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2201 N Stemmons Fwy
		Dallas, TX 75207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		1 arking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/08/2023	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.34	11468 Grissom Ln #0564
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
		Стос варрнее
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	David and the second se
	Date 07/06/2023	Payee name Hudson House
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.87	4040 Abrams Rd
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with supporter
		ινισαι νιιτι συμμοτισι
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 38/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	12/01/2023	Hudson House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.04	4040 Abrams Rd
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with colleague
		most man conougue
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/14/2023	Jose
H	Amount (\$)	Payee address; City; State; Zip Code
	\$42.86	4931 W Lovers Lane
		Dallas, TX 75209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with law clerk
		mod Marian Signi
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/24/2023	Kristen Washington for State Representative
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 570
		Greenville, TX 75401
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation to political campaign
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/25 Rpt: 39/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 08/30/2023	5 Payee name Lake Highlands White Rock Democrats
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 180598 Dallas, TX 75218
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/03/2023	Payee name Lucid Private Offices
	Amount (\$) \$150.47	Payee address; City; State; Zip Code 6060 N Central Expy Ste 500 Dallas, TX 75206
	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 Virtual office rent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/01/2023	Payee name Lucid Private Offices
	Amount (\$) \$150.47	Payee address; City; State; Zip Code 6060 N Central Expy Ste 500
		Dallas, TX 75206
	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 Virtual office rent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/25 Rpt: 40/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	09/01/2023	Lucid Private Offices
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.47	6060 N Central Expy Ste 500
		Dallas, TX 75206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Virtual office rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/02/2023	Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.47	6060 N Central Expy Ste 500
		Dallas, TX 75206
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Virtual office rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payso nama
	11/01/2023	Payee name Lucid Private Offices
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.47	6060 N Central Expy Ste 500
	4 200	
		Dallas, TX 75206
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Virtual office rent
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/25 Rpt: 41/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	12/01/2023	Lucid Private Offices
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.47	6060 N Central Expy Ste 500
		Dallas, TX 75206
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Virtual office rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/24/2023	Mesero
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.01	5330 W Lovers Ln Ste 1128
		Dallas, TX 75209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with supporter
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/06/2023	Mexican American Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2101 Ross AVe
	φοσο.σσ	2202110007110
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Advertising sponsorship of gala
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/25 Rpt: 42/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	08/22/2023	Miriam Cocina Latina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.86	2015 Woodall Rogers
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Meal with supporter
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2023	Miriam Cocina Latina
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.65	2015 Woodall Rogers
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with colleagues
		mod with concagues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	11/30/2023	Payee name Miriam Cocina Latina
_		
	Amount (\$)	
	\$51.50	2015 Woodall Rogers
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with staff attorney
		Wied with stall attorney
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/25 Rpt: 43/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	10/23/2023	Nothing Bundt Cakes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.00	10720 Preston Rd #1101B
		Dallas, TX 75230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Cake for court celebration
		Sake for court delegration
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	08/16/2023	Original Chop Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.34	11700 Preston Rd Ste 612
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Meal with UNT law student mentee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	12/12/2023	ParkWhiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.17	2642 Main St
		Dallas, TX 75226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Parking
	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/25 Rpt: 44/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 07/03/2023	5 Payee name Partida-Kipness, Robbie
6	Amount (\$) \$4,367.31	7 Payee address; City; State; Zip Code 4435 Mill Run Rd.
8	PURPOSE OF EXPENDITURE	Dallas, TX 75244 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for consulting and photography services paid from personal funds
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/26/2023	Payee name Perry's Steakhouse & Grille
	Amount (\$) \$221.86	Payee address; City; State; Zip Code 2100 Olive Street Ste 100 Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner with colleagues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/01/2023	Payee name Reilly Echols Printing
	Amount (\$) \$90.93	Payee address; City; State; Zip Code PO Box 152358
		Dallas, TX 75315
	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 Campaign materials
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/25 Rpt: 45/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	08/24/2023	Republic 1836
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.36	12300 Inwood Rd
		Dallas, TX 75244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with colleague
		Wied With Colleague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	10/25/2023	Rockwall County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 702
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising sponsorship of event
		Advertising sponsorship of event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/05/2023	Rush Order Tees
	Amount (\$)	Payee address; City; State; Zip Code
	\$381.39	2727 Commerce Way
		Philadelphia, PA 19154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign teeshirts
		Campaign teesiints
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/25 Rpt: 46/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	09/07/2023	Somos Tejas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3662 W Camp Wisdom Rd #2044
		Dallas, TX 75237
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising sponsorship of event
		2 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/24/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.96	2702 Love Field Drive
	7=0=:00	
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare to and from Austin for Children's Commission
		Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davisa nama
	09/21/2023	Payee name Stonewall Democrats of Dallas
	Amount (\$) \$60.00	Payee address; City; State; Zip Code PO Box 192305
	\$00.00	FO B0X 192303
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/Of	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/25 Rpt: 47/53	2 FILER NAME Partida-Kipness, Robbie S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082014
4	Date 10/16/2023	5 Payee name Stonewall Democrats of Dallas
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO Box 192305
		Dallas, TX 75219
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/31/2023	Payee name Target
	Amount (\$) \$48.84	Payee address; City; State; Zip Code 13131 Montfort Dr. Dallas, TX 75240
	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 Office supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/03/2023	Payee name Terry Black's BBQ
	Amount (\$) \$81.22	Payee address; City; State; Zip Code 3025 Main St
		Dallas, TX 75226
	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 Meal with staff attorney
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/25 Rpt: 48/53	Partida-Kipness, Robbie S. (The Honorable) 00082014
4	Date	5 Payee name
	08/11/2023	Texas Access to Justice Foundation
6	Amount (\$) \$204.56	7 Payee address; City; State; Zip Code PO Box 12886
		Austin, TX 78711
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising sponsorship of event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2023	Texas Bar Foundation
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 515 Congress Ave Ste 1755 Austin Texas, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sustaining life fellow fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/06/2023	Payee name Texas Democratic Party
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 116
		Austin, TX 78767
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Filing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 23/25 Rpt: 49/53	Partida-Kipness, Robbie S. (The Honorable) 00082014				
4	Date	5 Payee name				
	08/14/2023	Texas Justice Democrats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$250.00	6333 Mockingbird Lane, Suite 147, Box 800				
		Dallas, TX 75214				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Advertising sponsorship of event				
		Advertising sponsorship of event				
_	0 1: 0.11.7.7.1.					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	07/28/2023	Texas LatinX Judges				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00 PO Box 90683					
	San Antonio, TX 78209					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense				
		Lifetime membership fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experiantare to benefit Great					
	Date	Payee name				
	08/10/2023	The Adolphus Hotel				
	Amount (\$) Payee address; City; State; Zip Code					
	\$10.83	1321 Commerce				
		Dallas, TX 75202				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
	LAI LINDITORE	Check if Austin, TX, officeholder living expense				
		Parking				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
experience to benefit O/OTI						
1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
•	Sch: 24/25 Rpt: 50/53	Partida-Kipness, Robbie S. (The Honorable) 00082014			
4	Date	5 Payee name			
	12/07/2023	The Adolphus Hotel			
6	Amount (\$) \$157.92	7 Payee address; City; State; Zip Code 1321 Commerce Dallas, TX 75202			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense Meal with colleague and parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/06/2023	The Order Desk			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.44 9840 Monroe Dr Ste 104				
	DUDDOCE	Dallas, TX 75220			
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign mailing			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
09/26/2023		Tilley, Earnest			
	\$100.00 1408 N. Washington Ave., Suite 300				
		Dallas, TX 75204			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Donation to candidate for leadership of professional organization			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
		·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	er a category not listed above)			
1	Total pages Schedule F1:	I: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)			
	Sch: 25/25 Rpt: 51/53		.4			
4	Date	5 Payee name				
	12/18/2023	Tom Thumb				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$258.13	10455 North Central Expy				
		Dallas, TX 75231				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas.				
		Check if Austin, TX, officeholder living expense Gift cards for court staff				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held			
	expenditure to benefit C/OI		Tiold			
_	Date	Parine manua				
	07/17/2023	Payee name United States Post Office				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$13.20	5959 Royal Lane Ste 539				
		Dallas, TX 75230				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Check if Austin, TX, officeholder				
		Postage	iving expense			
		1 ostage				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held			
	expenditure to benefit C/OI		Tiold			
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 52/53 Partida-Kipness, Robbie S. (The Honorable) 00082014 Date Payee name 07/01/2023 **Democracy Toolbox** Amount (\$) Payee address; City; State; Zip Code \$2,500.00 8552 Royal County Down Dr Reimbursement from political contributions Х intended McKinney, TX 75070 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Campaign consulting and management Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2023 Vanessa Gavalya Photography Amount (\$) Payee address; City; State; Zip Code \$1,867.31 13101 Preston Rd Reimbursement from political contributions Χ Dallas, TX 75240 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Professional photography Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 53/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Partida-Kipness, Robbie S. (The Honorable) 00082014 5 Name of person from whom amount is received 8 Amount (\$) 09/08/2023 \$105.94 **Rush Order Tees** 6 Address of person from whom amount is received; City; State; Zip Code Philadelphia, PA 19154 7 Purpose for which amount is received Check if political contribution returned to filer Refund due to order change