CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00051273	sion Filers)	2 Total pages fil	ed: 1
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Jodie A.			Date Received ELECTRONICA	
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Laubenberg				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	2941 Rosefield Dr				Receipt #	Amount
Change of Address	Houston, TX 77080					
	Tiodeloii, 170 17000				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Dixie				
	NICKNAME	LAST		SUFFIX		
		Jeffers		331111		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 8226 Teal Ln.	BOX PLEASE);	АРТ	/ SUITE #; CITY;	SIA	ATE; ZIP CODE
(Residence or Business)	Lavon, TX 75166					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (469) 307-3983	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff	15th day after car appointment (office	ceholder only)
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 89 Collin		Legacy Only	,	
	1			l		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Laubenberg, Jodie A	. (The Honorable)		14 Filer ID (00051273	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions acce These expenditures may a d officeholders are require	have been made without t	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	<u> </u>			
	SPECIFIC					
		COMMITTEE CAMPAIG	N TREASURER NAME			
		COMMITTEE CAMPAIG	N TREASURER ADDRES	SS .		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTR ES OF LOANS, OR CONT			\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR G	UARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						0.00
		\$	7,270.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA	INTAINED AS OF THE LA	AST DAY OF THE	\$	148,607.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OU TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		true a	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.			
			The Honoral	ble Jodie A. Laubent	oerg	
			Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
	cribed before me, by the s			, this the		_ day
	, 20, to ca					
Signature of offi	cer administering	Printed name of office	cer administering	Title of officer	r administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	3 of 11
18 FILI		rg, Jodie A. (The Honorable)	19 Filer ID 00051273	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	\$ 7,270.00		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in 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: 1/8 Rpt: 4/11	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	12/01/2023	ACLJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P.O. Box 90555
		Washington DC, DC 20090-0555
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/01/2023	Bible League
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1 Bible League Plaza
	,	
		Crete, IL 60417
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	Occupate ONLY if direct	Our distance (Office health as a second seco
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name Emerald Debinsonês The Dight Way Nove
	08/09/2023	Emerald Robinsonâs The Right Way News
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	P.O.Box 5222
		A 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Arlington, VA 22205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		News Podcast subscription fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries	Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a ca	ct tegory not listed above)
1	Total pages Schedule F1:						3	Filer ID ((Ethics Commission Filers)
	Sch: 2/8 Rpt: 5/11	Laubenberg	, Jodie A. (The Honor	able)				00051273	
4	Date	5 Payee name							
	10/20/2023	Feline/Cani	ne Friends-Houston						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$50.00	800 Wilcres	t						
		Houston, T	K 77042						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ns/Donations Made By			=		de of Texas. Comple	
		Candidate/0	Officeholder/Political C	ommittee		Contribution	, IX,	officeholder living ex	крепъе
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office held	<u> </u>
	expenditure to benefit C/O		-		5 /				
Г	Date	Payee name							
	11/20/2023	Feline/Cani	ne Friends-Houston						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$50.00	800 Wilcres	t						
		Houston, T	K 77042						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	ns/Donations Made By	1		\Box		de of Texas. Comple	
		Candidate/0	Officeholder/Political C	Committee			, TX,	officeholder living ex	kpense
						Contribution			
\vdash	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office held	<u> </u>
	expenditure to benefit C/OI				J				
-	Date	Payee name							
	12/15/2023	•	ne Friends-Houston						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$50.00	800 Wilcres		, —,p					
	, 22,00								
		Houston, T	K 77042						
	PURPOSE		ee Categories listed at the top of	this schedule)	(b)	Description			
	OF		ns/Donations Made By		`´	Check if travel		de of Texas. Comple	
	EXPENDITURE	Candidate/0	Officeholder/Political C	Committee			, TX,	officeholder living ex	kpense
						Contribution			
	Complete ONLY if direct	CandidatalOff	coholdor namo	Office	ught			Office hele	1
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office so	ugni			Office held	ı

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 6/11	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	07/15/2023	Fifth Ward Pregnancy Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	743 Shotwell
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution Candidate/Officeholder living expense Contribution
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	08/10/2023	Fifth Ward Pregnancy Center
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	743 Shotwell
	¥-20000	
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Contribution
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/01/2023	Fifth Ward Pregnancy Center
L	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	743 Shotwell
	Ψ130.00	740 Shotwell
		Houston, TX 77020
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Contribution
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 7/11	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	09/10/2023	Fifth Ward Pregnancy Center
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 743 Shotwell Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	Fifth Ward Pregnancy Center
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 743 Shotwell
		Houston, TX 77020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/10/2023	Fifth Ward Pregnancy Center
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 743 Shotwell
		Houston, TX 77020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	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 Cor 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: 5/8 Rpt: 8/11	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	12/10/2023	Fifth Ward Pregnancy Center
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code743 Shotwell
	4200.00	
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/09/2023	Grace Community Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1021 Campbell Rd
		'
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2023	Grace Community Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1021 Campbell Rd
	Φ600.00	1021 Campbell Ru
		Houston, TX 77055
_	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Continuation
	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 Committee

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\exists
	Sch: 6/8 Rpt: 9/11	Laubenberg, Jodie A. (The Honorable) 00051273	
4	Date	5 Payee name	
	09/10/2023	Grace Community Church	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	1021 Campbell Rd	
		Houston, TX 77055	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Averte TV officeholder biter average.	
		Candidate/Officeholder/Political Committee Contribution	
		Sofialbatton	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
,	expenditure to benefit C/O		
	Date	Payee name	
	10/08/2023	Grace Community Church	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	1021 Campbell Rd	
		Houston, TX 77055	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living eveness.	
		Candidate/Officeholder/Political Committee Contribution	
		Contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Data		_
	Date	Payee name	
	11/12/2023	Grace Community Church	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	1021 Campbell Rd	
		Houston, TX 77055	
	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 Contribution Check if Austin, TX, officeholder living expense Contribution	
		Continuution	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	y	
			_
			ĺ

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 (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/8 Rpt: 10/11	Laubenberg, Jodie A. (The Honorable) 00051273
4	Date	5 Payee name
	12/10/2023	Grace Community Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1021 Campbell Rd
		Houston, TX 77055
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/17/2023	Grace Community Church
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1021 Campbell Rd
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Onicenoider/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/12/2023	Rescued Pets Movement
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 2317 W. 34th St.
	φ50.00	2317 W. 3401 St.
		11 TV 77040
		Houston, TX 77018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memorial Legal Services The Instruction G			/ages	/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 8/8 Rpt: 11/11	l		Jodie A. (The	: Honorable)	1			Filer ID 00051273	(Ethics Commission File	rs)
4	Date 07/25/2023	5	Payee name	ts Movement							
6	Amount (\$) \$50.00		Payee addres 2317 W. 34t Houston, TX	h St.	State	; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Contribution	e Categories listed at s/Donations M fficeholder/Po	ade By			=	de of Texas. Com officeholder living	plete Schedule T. J expense	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office sou	ght		Office he	eld	
	Date 09/10/2023	ı	Payee name Rescued Pe	ts Movement							
	Amount (\$) \$50.00		Payee addres 2317 W. 34t Houston, TX	h St.	State;	; Zip Co	de				
	PURPOSE OF EXPENDITURE		Contribution	e Categories listed at s/Donations M fficeholder/Po	ade By			—	de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/Ol		candidate/Offic	eholder name	(Office sou	ght		Office he	eld	