CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Filer ID	`	cs Commission Filer	s) 2 Total pages				OFFIC	E USE ONLY
00062004	4			14			Date Received	
CANDIDA		MS / MRS / MR	FIRST			MI	ELECTRON	NICALLY FILED
OFFICEHO NAME	OLDER	The Honorable	Craig				01/16/2024	
		NICKNAME	LAST			SUFFIX	••••	
			Goldman				Date Hand-delive	ered or Date Postmarked
ORIGINAL		January 15	Runoff		Other (s	specify)	Date Hand delive	red of Bate i ostinarica
REPORT	TYPE	X July 15	Exceeded n	modified repo	orting limit		Receipt #	Amount
		30th day before el		ter campaign				
		8th day before ele		nt (officeholde rt (Attach C/C	• •		Date Processed	-
ORIGINAL	DEDIOD	1	Year			Year	- 	
COVERED		Month Day 01/01/2023	THRC		onth Day 06/30/2023	real	Date Imaged	
EVDI ANA	TION OF C	CORRECTION			00/30/2023		<u> </u>	
			nat some contributions	naintaina	d had been mess	d into a cortific	ato of deposit: +1	no corrected resert
AFFIDAVI	т							
AFFIDAVI	Т			I swear, and corr		enalty of perju	ry, that this corre	ected report is true
AFFIDAVI	Т			and corr		, , ,		·
AFFIDAVI	Т			and corr Check th	ect.	and all applics: I swear, caith and withou	able statements or affirm that the at an intent to mis	: original report slead or to
AFFIDAVI	Т			x Se wa mi	ect. ne box next to any emiannual report as made in good for srepresent the inf her reports: port not later than at the report as or	and all applic s: I swear, cath and withoutormation contains swear, or affirm the 14th busin iginally filed is tany error or contains.	able statements: or affirm that the at an intent to mis sined in the repo n, that I am filing ess day after the inaccurate or inc	original report slead or to rt. this corrected e date I learned
AFFIDAVI	Т			x Se wa mi	ect. ne box next to any emiannual report as made in good for srepresent the inf her reports: coort not later than at the report as or evear, or affirm, tha ed was made in go	y and all applic s: I swear, c aith and withou ormation conta swear, or affirn the 14th busin iginally filed is t any error or c ood faith.	able statements: or affirm that the at an intent to mis sined in the repo n, that I am filing ess day after the inaccurate or inc	original report slead or to rt. this corrected e date I learned complete. I
				x Se wa mi	ect. ne box next to any emiannual report as made in good fi srepresent the inf her reports: port not later than at the report as or year, or affirm, tha ad was made in go	y and all applic s: I swear, c aith and withou ormation conta swear, or affirn the 14th busin iginally filed is t any error or c ood faith. Honorable C	able statements: or affirm that the at an intent to mis- anined in the repo- an, that I am filing ess day after the anaccurate or incomission in the re-	original report slead or to rt. this corrected e date I learned complete. I eport as originally
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AFFIX No	OTARY ST.			x Se wa mi	ect. ne box next to any emiannual report as made in good fi srepresent the inf her reports: cort not later than at the report as or ever, or affirm, tha ed was made in go The Signate	y and all applic s: I swear, caith and without ormation contains swear, or affirm the 14th busin iginally filed is at any error or cood faith. Honorable Cure of Candidat	able statements: or affirm that the it an intent to mis- ined in the repo- in, that I am filing ess day after the inaccurate or incomission in the re- raig Goldman te or Officeholde	original report slead or to rt. this corrected e date I learned complete. I eport as originally
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 Commi 00062004		2 Total pages fil	ed: 4
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Craig			Date Received	
'"""					ELECTRONICA	N I V EII ED
						ALLI FILLD
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Goldman				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER	PO Box 100039					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76185					
	Tott Worth, TX 70103				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Sharon				
	NICKNAME	LAST		SUFFIX		
		Keenum				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	3516 Bellaire Park Court					
(Residence or Business)	Fort Worth, TX 76109					
	Tott Worth, TX 70103					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(817) 637-5733					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		Lauta da da sasara			appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T 11	IDOLICII	Month Day	Year	
OOVERED	01/01/2023	IH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		∏G	eneral	Special		
				<u>—</u>		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 97		State Represent		
				1		
			O DAGE 6			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 14

13 C / OH NAME	Goldman, Craig (The	Honorable)	14 File 000	er ID (Ethics 062004	Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted These expenditures may have I officeholders are required to r	been made without the can	didate's or officeholder	's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUT ES OF LOANS, OR CONTRIBI			0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)	\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITU	RES	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	9,415.97
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA RIOD	INED AS OF THE LAST DA	AY OF THE \$	707,120.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	ANDING LOANS AS OF TH	E LAST DAY \$	0.00
17 AFFIDAVIT				-	
		true and co	affirm, under penalty of per prrect and includes all inform 15, Election Code.		
			The Honorable Signature of Candid		
			Signature of Candid	late of Officeriolder	
AFFIX NC	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	scribed before me, by the s	aid	, th	is the	day
of	, 20, to co	ertify which, witness my hand a	nd seal of office.		
Signature of offi	icer administering	Printed name of officer a	dministering	Title of officer admin	istering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVLK 3	4 of 14
	ER NAN Idman,	19 Filer ID 00062004	(Ethics Co	mmission Filers)	
I		E SUBTOTALS SCHEDULE		SUB ⁻	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,415.97
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	650,000.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUTION	٥N	NS .		SCHEDULE A	1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/14			
2	FILER NAME Goldman, C	raig (The Honorable)			3	Filer ID (Ethics Commission Filer 00062004	s)
4	Date 06/26/2023	 Full name of contributor	:)	7	Amount of Contribution (\$) \$2,50	00.00
8	Principal occu	Austin, TX 78746 upation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>		
Ū	Executive C			Anthem Ventures	"		

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 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:		ers)
	Sch: 1/8 Rpt: 6/14	Goldman, Craig (The Honorable) 00062004	ŕ
4	Date	5 Payee name	
	01/09/2023	Burgher Haggard	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	Post Office Box 108	
		Fort Worth, TX 76101	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Accounting for campaign contributions and	
		expenditures and preparation of Campaign Fina	nce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	05/26/2023	Capitol Giftshop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$227.33	1400 Congress Avenue	
		Suite E1.006	
		Austin, TX 78701	
	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.	
		Check if Austin, TX, officeholder living expense Texas flags for gifts	
		Texas nags for gins	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
	Date	Payee name	
	02/13/2023	Costco Wholesale	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$160.03	5300 Overton Ridge Blvd	
		Fort Worth, TX 76132	
	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	
		Coffee, water and food for office	
	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
Credit Card Payment

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

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

Credit Card Payment		The Instruction Guid	de explains how to co	mple	ete this form.			
1 Total pages Schedule	e F1: 2 FI	LER NAME			3	Filer ID	(Ethics Commiss	ion Filers)
Sch: 2/8 Rpt: 7/1	14 G	oldman, Craig (The Honora	ıble)			0006200	4	
4 Date	5 P:	ayee name						
03/17/2023		ostco Wholesale						
6 Amount (\$)	7 Pa	ayee address; City;	State; Zip Co	de				
\$175	5.51 5	300 Overton Ridge Blvd						
	F	ort Worth, TX 76132						
8 PURPOSE	(a) C	ategory (See Categories listed at the	top of this schodule)	(b)	Description			
OF		ood/Beverage Expense	top of this schedule)	(- ,		ide of Texas. C	omplete Schedule T.	
EXPENDITURE		3 1			Check if Austin, TX			
					Coffee, water ar	nd snacks	for office	
9 Complete <u>ONLY</u> if dir expenditure to benefi		ndidate/Officeholder name	Office sou	ght		Office	held	
Date		ayee name						
02/13/2023	С	ostco						
Amount (\$)	Pi	ayee address; City;	State; Zip Co	de				
\$222	2.09 1	0401 Research Blvd						
	A	ustin, TX 78529						
PURPOSE	(a) C	ategory (See Categories listed at the	top of this schedule)	(b)	Description			
OF EXPENDITURE		ood/Beverage Expense					omplete Schedule T.	
					Check if Austin, TX Coffee, water ar			
					Collee, water at	10 1000 101	Office	
Complete ONLY if dir	rect Cal	ndidate/Officeholder name	Office sou	aht		Office	held	
expenditure to benefi		ididate/Officeriolder flame	Office 30th	giit		Office	neid	
Data	-							
Date 05/30/2023		ayee name oordash						
Amount (\$)		ayee address; City;	State; Zip Co	de				
\$85	9.56 30	03 Second Street						
	S	an Francisco, CA 94107						
PURPOSE OF		ategory (See Categories listed at the	top of this schedule)	(b)	Description			
EXPENDITURE	F	ood/Beverage Expense			Check if travel outs Check if Austin, TX		omplete Schedule T.	
					Lunch for staff	, omcendaer in	mig expense	
Complete ONLY if dir	rect Ca	ndidate/Officeholder name	Office sou	ght		Office	held	
expenditure to benefi								

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: 3/8 Rpt: 8/14	Goldman, Craig (The Honorable) 00062004
4	Date	5 Payee name
	06/01/2023	Eagle Self Storage Fort Worth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,004.00	4450 Rivertree Blvd.
		Fort Worth, TX 76109
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 Storage for campaign materials
		Storage for campaign materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	05/22/2023	Fossil.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.79	901 South Central Expressway
		Richardson, TX 75080
	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.
		Check if Austin, TX, officeholder living expense Duffle bag for staff gift
		Dullie bay for Stair gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date	Payee name Frost Bank
	01/31/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	3000 South Hulen
		Suite 182
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

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

Fees Control Expense Food/Beverage Expense Food/Memorials Expense Food/Sevices Food

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 9/14	Goldman, Craig (The Honorable) 00062004
4	Date	5 Payee name
	02/28/2023	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	3000 South Hulen
		Suite 182
		Fort Worth, TX 76109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank service charge
		Bank Schwee charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/31/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	3000 South Hulen
		Suite 182
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank service charge
		Dalik Service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	04/30/2023	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	3000 South Hulen
		Suite 182
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Bank service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Event Expense Fees Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex se Printing E	pense xpens			Travel in District Travel Out of Dis	
	Credit Card Payment		The Instruction Guide ex	xplains how to co	mple	ete this form.			
1	Total pages Schedule F1: Sch: 5/8 Rpt: 10/14	l	E Craig (The Honorable)			3	Filer ID 00062004	(Ethics Commission Filers)
4	Date	5 Payee name	1				<u> </u>		
	05/31/2023	Frost Bank							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$5.00	3000 South	n Hulen						
		Suite 182							
		Fort Worth							
8	PURPOSE OF		See Categories listed at the top of	of this schedule)	(b)	Description		de of Toyon Com	nlote Cohodule T
	EXPENDITURE	Accounting	/Banking			=		officeholder living	plete Schedule T. g expense
						Bank service			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld
	Date	Payee name)						
	06/30/2023	Frost Bank							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$5.00	3000 South	n Hulen						
		Suite 182							
		Fort Worth	, TX 76109						
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting				=			plete Schedule T.
						Bank service		officeholder living	g expense
						Dank Scrvice	CIII	uige	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	<u>l</u> ıght			Office he	eld
	Date	Payee name)						
	04/27/2023	GoDaddy							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$319.79	14455 N. H	layden Road						
		Suite 226							
		Scottsdale	TX 85260						
	PURPOSE	(a) Category (S	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation	/Fundraising Expense	9					plete Schedule T.
						Domain webs		officeholder living	g expense
						_ oman wood		. 5110 1101	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ıght			Office h	eld
	expenditure to benefit C/O				-				
	me provided by Tayas F	thios Commiss	ion was a	thice state ty i	10				Version V2 5 1 Objeth67

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot 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: 6/8 Rpt: 11/14	Goldman, Craig (The Honorable) 00062004
4	Date	5 Payee name
	05/25/2023	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.07	8000 Research Blvd
		Austin, TX 78758
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
		Bags for committee gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/09/2023	Lands End
	Amount (\$)	Payee address; City; State; Zip Code
	\$790.38	1 Lands End Lane
		Dodgeville, WI 53595
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Shirts for committee gifts
		Shints for committee girls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2023	Monogram Lady
	Amount (\$)	Payee address; City; State; Zip Code
	\$487.13	3818 Far West Blvd
		Austin, TX 78731
	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Monogramming shirts for committee gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/8 Rpt: 12/14	Goldman, Craig (The Honorable) 00062004
4	Date	5 Payee name
	04/11/2023	Spangler, Clayton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$399.00	235 Point Lick Drive
		Charleston, WV 25306
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
		Panoramic photo purchase
9	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	05/24/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.78	5621 I-35
		Austin, TX 78723
	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
		Cleaning supplies for office
		Statisting supplies to times
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Date	Payee name
	03/13/2023	Payee name Texas House Republican Caucus
L		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	Post Office Box 13305
		Austin, TX 78711
	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 Annual Dues
		Allitual Dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officeholdes/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Le	ft/Awards/Memorials gal Services he Instruction G			/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above	e)
1	Total pages Schedule F1: Sch: 8/8 Rpt: 13/14			ig (The Hono	rable)				3	Filer ID 00062004	(Ethics Commission	Filers)
4	Date 03/17/2023		ayee name JS Postal Se	rvice				'				
6	Amount (\$) \$464.00		ayee address .450 Oak Pa		State	e; Zip Co	de					
		F	Fort Worth, T	X 76109								
8	PURPOSE OF EXPENDITURE			Categories listed at l ad/Rental Ex		chedule)	(b)	ш	TX,	officeholder living	plete Schedule T. J expense	
9	Complete ONLY if direct expenditure to benefit C/OI		ındidate/Office	holder name		Office sou	ght			Office he	eld	
	Date 05/19/2023 Amount (\$)	Z	Payee name Zazzle Payee address	City;	State	e; Zip Co	de					
	\$255.51		.200 Chestnu Menlo Park, (
	PURPOSE OF EXPENDITURE			Categories listed at l Iemorials Exp		chedule)			TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		ındidate/Office	holder name		Office sou	ght			Office he	eld	

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 14/14
FILER NAME Goldman, Craig	The Honorable)	3 Filer ID (Ethics Commission Filers 00062004
Date 02/06/2023	5 Name of person from whom investment is purchased Frost Bank 6 Address of person from whom investment is purchased; City; 3000 South Hulen Suite 182 Fort Worth, TX 76109 7 Description of investment Purchase certificate of deposit 8 Amount of investment (\$) 650,000.00	State; Zip Code