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) 00067686 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tom NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Nowak CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked 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** Doug NAME NICKNAME LAST **SUFFIX** Deason **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) 378-3606 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 366 Collin

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

| 13 C / OH NAME | Nowak, Tom (The H | onorable) | | 14 Filer ID 00067686 | (Ethics Com | mission Filers) | | | |
|--|---|---|---|-----------------------------|----------------|-----------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive receive receive receive received. | | | | | owledge or | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | |
| | GENERAL | | | | | | | | |
| | | COMMITTEE ADDRESS | 5 | | | | | | |
| | SPECIFIC | | | | | | | | |
| | | COMMITTEE CAMPAIG | N TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIG | N TREASURER ADDRES | SS | | | | | |
| 16 CONTRIBUTION | 1. TOTAL UNITEM | ZED POLITICAL CONTR | IBUTIONS(OTHER THAN | I PLEDGES, LOANS, | | | | | |
| TOTALS | | | TRIBUTIONS MADE ELEC | | \$ | 0.00 | | | |
| | | ICAL CONTRIBUTION PLEDGES, LOANS, OR (| IS GUARANTEES OF LOANS | S) | \$ | 0.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | FEMIZED POLITICAL EXPENDITURES | | | | 0.00 | | | |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | 5 | | \$ | 2,065.56 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NINTAINED AS OF THE LA | AST DAY OF THE | \$ | 80,536.32 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | ITSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 | | | |
| 17 AFFIDAVIT | | | | | | | | | |
| | | true a | ar, or affirm, under penalty Ind correct and includes al Title 15, Election Code. | | | | | | |
| | | | The Hor | norable Tom Nowa | ık | | | | |
| | | | Signature of | Candidate or Officeh | older | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | | | |
| Sworn to and subso | cribed before me, by the s | aid | | , this the | | day | | | |
| | , 20, to co | | | | | | | | |
| | | | | | | | | | |
| Signature of office | cer administering oath | Printed name of offi | cer administering oath | Title of offic | er administeri | ng oath | | | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| 3 of 11 | | | | | | | | | | |
|---------|---|--|----------|-------------|--|--|--|--|--|--|
| l | 18 FILER NAME Nowak, Tom (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067686 | | | | | | | | | |
| l | HEDULI ME OF | SUBTOTAL AMOUNT | | | | | | | | |
| 1. | | \$ | | | | | | | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | | | | | |
| 3. | | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | | | | | | |
| 4. | | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | | | | | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 2,065.56 | | | | | | |
| 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. | | 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 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 Committee
Credit Card Payment

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

| | Credit Card Payment | The Instruction | Guide explains how to co | mple | lete this form. | |
|---|-----------------------------|--|------------------------------|------|--|---------|
| 1 | Total pages Schedule F1: | FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | Sch: 1/8 Rpt: 4/11 | Nowak, Tom (The Hono | rable) | | 00067686 | |
| 4 | Date | Payee name | | | | |
| | 08/08/2023 | 54th Street | | | | |
| 6 | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | \$40.00 | 3645 W. University | | | | |
| | | | | | | |
| | | McKinney, TX 75071 | | | | |
| 8 | PURPOSE | 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. | |
| | EXI ENDITORE | | | | Check if Austin, TX, officeholder living expense | |
| | | | | | atty recruitment/law student | |
| 9 | Complete ONLY if direct | andidate/Officeholder name | Office sou | aht | Office held | |
| 9 | expenditure to benefit C/O | andidate/Onicendider name | e Office sou | gnı | . Office field | |
| | | | | | | |
| | Date 07/07/2022 | Payee name | | | | |
| | 07/07/2023 | Canva | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | \$12.99 | 2140 S. Dupont Highway | / | | | |
| | | | | | | |
| | | Camden, TX 19934 | | | | |
| | PURPOSE OF | 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 | |
| | | | | | graphics subscription | |
| | | | | | | |
| | Complete ONLY if direct | andidate/Officeholder name | e Office sou | ght | t Office held | |
| | expenditure to benefit C/O | | | | | |
| | Date | Payee name | | | | |
| | 08/07/2023 | Canva | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | de | | |
| | \$12.99 | 2140 S. Dupont Highway | | | | |
| | | , , | | | | |
| | | Camden, TX 19934 | | | | |
| | PURPOSE | | | (h) | 1 Deceription | |
| | OF | Category (See Categories listed Advertising Expense | at the top of this schedule) | (1) | Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | avertising Expense | | | Check if Austin, TX, officeholder living expense | |
| | | | | | monthly subscription | |
| | | | | | | |
| | Complete ONLY if direct | andidate/Officeholder name | e Office sou | ght | Office held | |
| | expenditure to benefit C/Ol | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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)

| O9/07/2023 Canva 6 Amount (\$) 7 Payee address; City; State; Zip Code 2140 S. Dupont Highway Camden, TX 19934 | rs) |
|---|-----|
| 4 Date 09/07/2023 5 Payee name Canva 6 Amount (\$) 7 Payee address; City; State; Zip Code 2140 S. Dupont Highway Camden, TX 19934 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 | |
| 6 Amount (\$) \$12.99 \$12.99 Camden, TX 19934 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 | |
| 6 Amount (\$) \$12.99 \$12.99 Camden, TX 19934 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 | |
| \$12.99 2140 S. Dupont Highway Camden, TX 19934 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 | |
| Camden, TX 19934 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 | |
| 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 | |
| 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 | |
| OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| OF EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense | |
| Check if Austin, 1X, officenoider living expense | |
| monthly subscription | |
| | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | — |
| expenditure to benefit C/OH | |
| Date Pavee name | — |
| Date Payee name 10/10/2023 Canva | |
| | |
| Amount (\$) Payee address; City; State; Zip Code \$12.99 2140 S. Dupont Highway | |
| \$12.99 2140 S. Dupont Highway | |
| O I TV 10004 | |
| Camden, TX 19934 | |
| PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| monthly subscription | |
| | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | |
| Date Payee name | |
| 11/07/2023 Canva | |
| Amount (\$) Payee address; City; State; Zip Code | |
| \$12.99 2140 S. Dupont Highway | |
| | |
| Camden, TX 19934 | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| Cneck if Austin, 1X, officenoider living expense | |
| I monthly subscription | |
| monthly subscription | |
| | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | |

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
Legal 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

| | 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: Sch: 3/8 Rpt: 6/11 | 2 FILER NAME Nowak, Tom (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067686 |
| Ļ | · | |
| 4 | Date | 5 Payee name |
| | 12/07/2023 | Canva |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.99 | 2140 S. Dupont Highway |
| | | |
| | | Camden, TX 19934 |
| 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 |
| | | monthly subscription |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ۲ | Date | Payee name |
| | 07/20/2023 | GCRW |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 3100 Independence Parkway |
| | Ψ000.00 | Suite 311 |
| | | Plano, TX 75075 |
| | DUDDOCE | |
| | 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 1. Check if Austin, TX, officeholder living expense |
| | | advertising and membership |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | H |
| | Date | Payee name |
| | 10/06/2023 | GoDaddy.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$191.68 | 14455 N. Hayden Rd |
| | | Suite 226 |
| | | Scottsdale, AZ 85260 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Website fees and updates. |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ı | | |
| | | |
| | | |

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 co | - | ete this form. |
|---|---|--|-----|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/8 Rpt: 7/11 | Nowak, Tom (The Honorable) | | 00067686 |
| 4 | Date | 5 Payee name | | - |
| | 10/30/2023 | GoDaddy.com | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| | \$22.17 | 14455 N. Hayden Rd | | |
| | | Suite 226 | | |
| | | Scottsdale, AZ 85260 | | |
| 8 | 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. |
| | LAFENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Website fees and updates. |
| _ | 0 1 0 0 1 1 1 1 | | | 000 |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sou | ght | Office held |
| | | | | |
| | Date | Payee name | | |
| | 12/01/2023 | GoDaddy.com | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$153.38 | 14455 N. Hayden Rd | | |
| | | Suite 226 | | |
| | | Scottsdale, AZ 85260 | | |
| | 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 website renewals and updates |
| | | | | website renewals and updates |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | aht | Office held |
| | expenditure to benefit C/O | | • | |
| | Date | Payee name | | |
| | 12/04/2023 | GoDaddy.com | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$22.17 | 14455 N. Hayden Rd | uo | |
| | | Suite 226 | | |
| | | Scottsdale, AZ 85260 | | |
| | DUDDOCE | | (h) | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (D) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense | | Check if Austin, TX, officeholder living expense |
| | | | | website renewals and updates |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/O | 1 | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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)

| | | The Instruction Guide explains how to co | mple | ete this form. |
|---|---|--|------|--|
| 1 | Total pages Schedule F1: Sch: 5/8 Rpt: 8/11 | 2 FILER NAME Nowak, Tom (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00067686 |
| 4 | Date | 5 Payee name | | |
| | 12/05/2023 | GoDaddy.com | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| | \$44.34 | 14455 N. Hayden Rd | | |
| | | Suite 226 | | |
| | | Scottsdale, AZ 85260 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | website fees |
| _ | Computate ONLY if diseast | Candidate/Office halder name | | Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ignt | Office held |
| | | | | |
| | Date | Payee name | | |
| | 09/01/2023 | Lazy Dog Restaurant | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$49.00 | 1851 Central Exprway | | |
| | | | | |
| | | Allen, TX 75013 | | |
| | 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. |
| | LAI LINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Meeting with GOP rep. |
| | Opening the ONITY if allowed | Out did at a 10th and a later was a second | | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ignt | Office held |
| | | | | |
| | Date | Payee name | | |
| | 11/06/2023 | OfficeDepot | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$17.05 | 909 N Central Expwy | | |
| | | Suite 100 | | |
| | | Plano, TX 75075 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF | Printing Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | labels |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ight | Office held |
| | experiencie to beliefft C/OI | • | | |
| _ | | | _ | |
| | | | | |

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | 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: 6/8 Rpt: 9/11 | Nowak, Tom (The Honorable) 00067686 |
| 4 | Date | 5 Payee name |
| | 08/16/2023 | Plano Republican Women |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code PO Box 940461 Plano, TX 75094-0461 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Advertising and membership |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 08/30/2023 | Rocket Science Group, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.77 | 675 Ponce De Leon Ave NE |
| | | Suite 5000 |
| | | Atlanta, GA 30308 |
| | | |
| | 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 |
| | | newsletter subscription |
| | | newsical subscription |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 09/05/2023 | Rocket Science Group, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.60 | 675 Ponce De Leon Ave NE |
| | | Suite 5000 |
| | | Atlanta, GA 30308 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | newsletter subscription |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | Salaries | /Wage | es/Contract Labor | | OTHER (enter a | strict a category not listed above) | |
|----------|--|-----|--------------------|------------------------------|-----------------------|----------|-------------------|-------|--|--|---|
| | | | | The Instruction Guid | e explains how to c | ompl | lete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 7/8 Rpt: 10/11 | | Nowak, Ton | n (The Honorable | e) | | | | 00067686 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/03/2023 | | Rocket Scie | nce Group, LLC | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; Zip C | ode | | | | | |
| | \$106.60 | | 675 Ponce I | De Leon Ave NE | | | | | | | |
| | | | Suite 5000 | | | | | | | | |
| | | | Atlanta, GA | 30308 | | | | | | | |
| Ļ | DUDDOOF | (-) | | | | 10.3 | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed at the t | top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | | de of Texas. Con , officeholder livin | nplete Schedule T. | |
| | | | | | | | newsletter su | | | y expense | |
| | | | | | | | newsietter su | ibst | сприоп | | |
| _ | | | | | | <u> </u> | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | Office so | ught | | | Office h | eld | |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 11/03/2023 | | Rocket Scie | nce Group, LLC | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; Zip C | ode | | | | | |
| | \$106.60 | | 675 Ponce I | De Leon Ave NE | | | | | | | |
| | | | Suite 5000 | | | | | | | | |
| | | | Atlanta, GA | 30308 | | | | | | | |
| | DUDDOCE | (-) | | | | (6) | · - · · · | | | | _ |
| | PURPOSE OF | (a) | | e Categories listed at the t | top of this schedule) | (a) | Description | otoi | ide of Toyon Com | anlata Cahadula T | |
| | EXPENDITURE | | Advertising | Expense | | | | | , officeholder livin | nplete Schedule T. | |
| | | | | | | | newsletter su | | | у схропос | |
| | | | | | | | novolotion od | | onpaon | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | Office so | <u> </u> | | | Office h | eld | _ |
| | expenditure to benefit C/OI | | | | | J | | | | | |
| _ | Date | | | | | | | | | | _ |
| | 12/04/2023 | | Payee name | noo Croup II C | | | | | | | |
| | | | | nce Group, LLC | | | | | | | |
| | Amount (\$) | | Payee addres | | State; Zip C | ode | | | | | |
| | \$117.26 | | 675 Ponce I | De Leon Ave NE | | | | | | | |
| | | | Suite 5000 | | | | | | | | |
| | | | Atlanta, GA | 30308 | | | | | | | |
| | PURPOSE | (a) | Category (sc | e Categories listed at the t | top of this schodulo) | (b) | Description | | | | _ |
| | OF | `` | Advertising | | top of this schedule) | () | | outsi | ide of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | Advertising | Схрензе | | | Check if Austin | , TX, | , officeholder livin | g expense | |
| | | | | | | | newsletter su | ıbso | cription | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Offi | ceholder name | Office so | ught | | | Office h | eld | _ |
| | expenditure to benefit C/OI | | | | | 5 | | | | | |
| \vdash | | | | | | | | | | | _ |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to complete | |
|---|--|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/8 Rpt: 11/11 | Nowak, Tom (The Honorable) | 00067686 |
| 4 | Date | 5 Payee name | |
| | 10/30/2023 | SmashBalloon.com | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$49.00 | PO Box 126 | |
| | | | |
| | | Minneapolis, MN 55356 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | Description |
| | OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | L | ☐ Check if Austin, TX, officeholder living expense Website plug-in fees |
| | | | vebsite plug-in rees |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | H | Office field |
| F | Date | Payee name | |
| | 11/16/2023 | USPS | |
| H | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$194.00 | 550 N Central Expwy | |
| | | , , | |
| | | McKinney, TX 75070 | |
| | 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 PO Box Fees |
| | | | -O BOX Fees |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | Office field |
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