CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00020971		2 Total pages filed: 125	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	The Honorable	Judith			Date Received	
10 101					ELECTRONICALLY	EII ED
					07/15/2024	FILLD
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Zaffirini				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Po	ostmarked
OFFICEHOLDER MAILING	P.O. Box 627					
ADDRESS					Receipt # Amo	unt
Change of Address	Laredo, TX 78042-0627					
					Date Processed	
					Data lara and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Guadalupe		IVII		
NAME	IVII.	Ouadalupe				
	NIOCALANE			OUEEIV		
	NICKNAME	LAST Castillo		SUFFIX		
		Castillo				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE;	ZIP CODE
ADDRESS	1407 Washington Street					
(Residence or Business)						
	Laredo, TX 78040					
7 CAMPAIGN	AREA CODE PHON	IE NILIMBED - F	VTENCION			
TREASURER		NE NUMBER E	EXTENSION			
PHONE	(956) 724-8355					
8 REPORT	 					
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign	treasurer
					appointment (officeholde	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/O)H-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	HROUGH	06/30/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		│ □G	Seneral	Special		
				Ш		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
31 011102	State Senator District 21			State Senator	(ii kilowil)	
				Julius Goriano.		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Zaffirini, Judith (The I	14 Filer ID (1 00020971	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a deficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 50.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 145,150.43
EXPENDITURE TOTALS		\$ 7,588.74		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 184,808.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 859,006.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Judith Zaffirini	i
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 125

				3 of 125
18 FILER NAME Zaffirini, Judit	th (The Honorable)	19 Filer ID 00020971	(Ethics Commis	ssion Filers)
20 SCHEDULE SUNAME OF SCH			SUBTOTA	L AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	131,050.00
2. X SC	\$	14,100.43		
3. SC	\$			
4. X SC	CHEDULE E: LOANS		\$	0.00
5. X SC	\$	141,102.89		
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	43,705.26
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR SILER	RETURNED	\$	15,766.99
			•	

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how	to complete this forn	n.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/125	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 05/07/2024	5 Full name of contributor [Adams, John6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Retired			Retired	,		
	Date 04/30/2024	Full name of contributor [Appel, Robert L. Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	_		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 04/23/2024				Amount of Contribution (\$)	\$3,000.00	
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/09/2024	Full name of contributor Bobosky, Shelby Contributor address; City; Sta Dallas, TX 75214)		Amount of Contribution (\$)	\$500.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Texas Humane Legislat		Network	
	Date 04/11/2024	Full name of contributor [Boddy, Diane Contributor address; City; Sta Dallas, TX 75230	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL (i		SCHEDULI	E A1		
	The Instru	ction Guide explains hov	v to complete this for	rm.		1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)				3	Filer ID (Ethics Commission 00020971	n Filers)
4	Date 04/05/2024	5 Full name of contributor Butt, Susan6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Dallas, TX 75205						
8	Principal occu Executive	pation / Job title (See Instructions	9		mployer (See Instructions) EB Grocery Company)		
	Date 05/13/2024	Full name of contributor Cain, David H Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$250.00
		Dallas, TX 75214						
	Principal occu Consultant	pation / Job title (See Instructions	5)		mployer (See Instructions C Consulting)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:) Carona Sr., John J. Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$:	10,000.00	
	Dringing aggr	Dallas, TX 75205 pation / Job title (See Instructions			mployer (See Instructions			
	Chair/CEO	pation / Job title (See instructions	5)		ssocia)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Chair/CEO	pation / Job title (See Instructions	5)		mployer (See Instructions ssocia)		
	Date 04/10/2024	Full name of contributor Castelhano, Dean Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions	5)		mployer (See Instructions raham Mortgage)		
			,					

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 05/22/2024	5 Full name of contributor Castelhano, Dean	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75219					
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Graham Mortgage	5)		
	Date 05/14/2024	Full name of contributor Clement, Todd Contributor address; City; Sta)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75287	1				
	Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions Clement and Speer	;)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:) Crain, Christina M. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Dallas, TX 75230					
	Principal occu Attorney	pation / Job title (See Instructions)).	Employer (See Instructions Unlocking Doors	5)		
	Date Full name of contributor out-of-state PAC (ID# 05/17/2024 Donovan, Carol		out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/06/2024	Full name of contributor Erben & Yarbrough Law F Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/125	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Zaffirini, Judi	ith (The Honorable)			┖	00020971	
4	Date 05/16/2024	5 Full name of contributorFord, Jeremy6 Contributor address; City; S	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75205					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	s)		
	Financial ser	vices		Hilltop Holdings Inc.			
	Date 04/15/2024	Full name of contributor Forsythe-Lill, Veletta Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75223					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Retired			Retired			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	04/04/2024	Gazzaruso, Dion					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Dallas, TX 75231					
	Principal occu Co-Owner	pation / Job title (See Instruction:	s)	Employer (See Instructions Pane Nostro	s)		
	Date	Full name of contributor	x out-of-state PAC (ID#: CO	00199257)		Amount of Contribution (\$)	
	02/13/2024	GenenPAC					\$1,000.00
		Contributor address; City; S					
		So. San Francisco, CA 94					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/16/2024	Hale, Angela					\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78734					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Self-employe	ed		Red Media Group			

	MONET	ARY POLITICAL (NS		SCHEDU	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 04/06/2024	5 Full name of contributor Hankinson, Deborah6 Contributor address; City; S	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Delicalization	Dallas, TX 75209	, la	Frankrije (Ozakasti oza			
8	Attorney	pation / Job title (See Instructions	9	Employer (See Instructions Hankinson, PLLC	5)		
	Date 04/20/2024	Full name of contributor Hinojosa, Eliu M. (Dr.) Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions		Employer (See Instructions	-, 		
	Doctor	pation 7 300 title (See Instructions	,	Self-employed	>)		
	Date 05/02/2024				Amount of Contribution (\$)	\$250.00	
		Dallas, TX 75231					
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instructions Retired	5)		
	Date O2/04/2024 Full name of contributor Out-of-state PAC (ID# O2/04/2024 Houston Police Retired Officers Association PA Contributor address; City; State; Zip Code Houston, TX 77219				•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor Independent Insurance A Contributor address; City; S Austin, TX 78768	-)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/125	
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 04/05/2024	5 Full name of contributor Irvin, Kathleen E.6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Attorney			Retired			
	Date 01/22/2024	Contributor address; City; State)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (ID#:) Kastl Law, P.C. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75204					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/16/2024	Full name of contributor Khirallah Boston, PLLC Contributor address; City; State Dallas, TX 75206	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/10/2024	Full name of contributor Kozmetsky, Greg Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions KMS Ventures, Inc.)		

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 04/19/2024	5 Full name of contributor Kraus, Peter6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_		Dallas, TX 75219			Ĺ		
8	Principal occu Self-employe	pation / Job title (See Instructions ed) 9	Employer (See Instructions Waters Kraus Paul & Si		el	
	Date 05/16/2024	Full name of contributor Lyons & Simmons, LLP Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	o.pa. 000a	panelly cost and (cost mendenelle	,		٠,		
	Date 02/05/2024	Full name of contributor MOAK CASEY PAC Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78746-5776 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/14/2024	Full name of contributor Management & Training C Contributor address; City; St Centerville, UT 84014		0208322)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 05/03/2024	Full name of contributor Marshall, Lisa Contributor address; City; St Dallas, TX 75529	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Fighting Homelessness			
			L				

	MONET	ARY POLITICAL CONTRIBUTION	/ (C	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/125	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Zaπirini, Jud	lith (The Honorable)			L	00020971	
4	Date 02/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
		Laredo, TX 78041					
8	Principal occu Insurance B	roker	9	Employer (See Instructions Self-employed	5)		
	Date 04/06/2024	Full name of contributor out-of-state PAC (ID#:_ Matthews, Charles Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75225					
	Principal occu Attorney	ipation / Job title (See Instructions)		Employer (See Instructions Self-employed	s)		
	Date 04/17/2024	Full name of contributor out-of-state PAC (ID#:_McClure, Madeline Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75209					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions TexProtects	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_McGarr, Cappy R. Contributor address; City; State; Zip Code Dallas, TX 75201				Amount of Contribution (\$)	\$10,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions MCR Interests	5)		
	Date 01/26/2024	Full name of contributor X out-of-state PAC (ID#: CMCGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code	C00)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Richmond, VA 23219 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
			<u>1</u>				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 03/19/2024	5 Full name of contributor McGuire Woods Federal6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Richmond, VA 23219			<u> </u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	S)		
	Date 02/13/2024	Full name of contributor Mendoza, Jaime Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Dringing age	San Antonio, TX 78201		Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) CFO			Mendoza Maintenance		oup	
	Date 04/16/2024	Full name of contributor out-of-state PAC (ID#:) Mihalopoulos, Frank Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00
		Dallas , TX 75204					
	Principal occu Owner	pation / Job title (See Instructions	5)	Employer (See Instructions Corinth Properties	s) 		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00	
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Payne Ramsey	5)		
	Date 05/09/2024	Full name of contributor Myers, Mike A. Contributor address; City; S Dallas, TX 78209)		Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions	5)	Employer (See Instructions Myers Financial Corpora		on	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/125	
2	FILER NAME Zaffirini, Jud	ith (The Honorable)		3	Filer ID (Ethics Commission 00020971	n Filers)
4	Date 02/14/2024	 Full name of contributor	#: <u>C00366559</u>)	7	Amount of Contribution (\$)	\$4,000.00
8	Principal occu	Princeton, NJ 08540 pation / Job title (See Instructions)	9 Employer (See Instructions	 		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID PSEL PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Fort Worth, TX 76102 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID Provider Coalition for Care Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 04/25/2024	Full name of contributor out-of-state PAC (ID Rebecca Wolfson Bruder Sole & Separate Pro Contributor address; City; State; Zip Code	·		Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 05/12/2024	Full name of contributor out-of-state PAC (ID Rohan, Greg Contributor address; City; State; Zip Code Dallas, TX 75205	<u> </u> #:)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Heritage Auction	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/125		
2	FILER NAME Zaffirini, Judi	th (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)	
4	Date 03/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
8		Dallas, TX 75201 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)			
	Chairman/CEO Susser Bank Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ TSA-PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
Date 02/06/2024		Full name of contributor out-of-state PAC (ID#:_ Texas Association for Home Care and Hospice Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00			
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 01/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Association PAC Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/125
2	FILER NAME Zaffirini, Jud	th (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020971
4	Date 05/14/2024	 Full name of contributor out-of-state PAC (ID#:_ Texas Property Tax Lienholders Association PA Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$500.00
8	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	9 Employer (See Instructions		
0	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Rural Water PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$750.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$4,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	<u>'</u>		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/125	
2	FILER NAME Zaffirini, Judi	ith (The Honorable)			3	Filer ID (Ethics Commission 00020971	on Filers)
4	Date 03/19/2024	5 Full name of contributorThe American Electric Po6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$3,000.00
•	Dringing Loon	Austin, TX 78701		O Employer (Coa Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#: The Law Office of Gonzalo Serrano, P.C. Contributor address; City; State; Zip Code McKinney, TX 75070					Amount of Contribution (\$)	\$2,500.00
	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	•	` 	,				
	Date O4/24/2024 Full name of contributor O4/24/2024 Walker, Nathaniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78752	L				
	Lobbyist	pation / Job title (See Instructions	;) 	Employer (See Instructions Self-employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$2,500.00	
	Principal occu CEO	pation / Job title (See Instructions	5)	Employer (See Instructions Healthcare Highway	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 ZACOPAC Contributor address; City; State; Zip Code San Antonio, TX 78265					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

NETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/125
	3 Filer ID (Ethics Commission Filers) 00020971
5 Full name of contributor out-of-state PAC (ID#:) Zapanta, Albert C. 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$500.00
	ns)
e ir	Zapanta, Albert C. 6 Contributor address; City; State; Zip Code Irving , TX 75063

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 1/3 Rpt: 18/125								
2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
Zaffirini, Jud	lith (The Honorable)		00020971								
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$								
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution								
06/11/2024	Carona Sr., John J.		contribution (\$) description								
	7 Contributor address; City; State; Zip Code		\$8,100.43 Event catering and valet								
Dallas, TX 75205 Check if travel outside of Texas. Complete Schedu											
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)								
Chair/CEO		Associa									
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)								
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)								
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										
Date	Full name of contributor ut-of-state PAC (ID#:	\	Amount of ! In-kind contribution								
01/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description								
01/01/202	Contributor address; City; State; Zip Code		\$1,000.00 Headquarters								
	Continuation address, City, State, 21p Code		i								
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.								
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON									
Attorney	, , , , , , , , , , , , , , , , , , , ,	Zaffirini and Castill	,								
	principal occupation (FOR JUDICIAL)	Contributor's job title									
	p		(() () () () ()								
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)								
Continuations	omployernan iiiii (i eri debien iz)	Law iiiii or contribute	or a apadase (ii diriy) (i art a abila ii le)								
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>									
ii continuator	is a clind, law little of paretit(s) (if any) (if of sobjective)										
			T								
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description								
02/01/2024	Zaffirini Sr., Carlos M.		\$1,000.00 Headquarters								
	Contributor address; City; State; Zip Code										
			į								
	Lorodo TV 70040		_								
5	Laredo, TX 78040	T = 1 (500 NO)	Check if travel outside of Texas. Complete Schedule T.								
· '	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,								
Attorney		Zaffirini and Castill									
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)								
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)								
		<u> </u>									
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 2/3 Rpt: 19/125								
2 FILER NAME			3 Filer ID (Ethics Commission Filers)								
Zaffirini, Juc	lith (The Honorable)		00020971								
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$								
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution								
03/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description								
	7 Contributor address; City; State; Zip Code		\$1,000.00 Headquarters								
Laredo, TX 78040											
10 Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)								
Attorney		Zaffirini and Castill	0								
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)								
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)								
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution								
04/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description								
	Contributor address; City; State; Zip Code		\$1,000.00 Headquarters								
	, , , ,										
			į								
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.								
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)								
Attorney		Zaffirini and Castill	0								
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)								
Contributor's	employer/law firm (FOR JUDICIAL)	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	Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution								
05/01/2024	Zaffirini Sr., Carlos M.		contribution (\$) description								
	Contributor address; City; State; Zip Code		\$1,000.00 Headquarters								
	, , , , , , , , , , , , , , , , , , ,										
			i								
	Laredo, TX 78040		Check if travel outside of Texas. Complete Schedule T.								
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)										
Attorney		Zaffirini and Castill	0								
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)								
Contributor's	employer/law firm (FOR JUDICIAL)	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)	1									

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 20/125 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zaffirini, Judith (The Honorable) 00020971 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/01/2024 Zaffirini Sr., Carlos M. \$1,000.00 | Headquarters 7 Contributor address; City; State; Zip Code Laredo, TX 78040 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Zaffirini and Castillo Attorney 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOA	NS					SCHEDU	JLE E
The In	structio	on Guide explains h	now to complete this	s form.	I	ages Schedule E: /1 Rpt: 21/125	
2 FILER N Zaffirini		The Honorable)			3 Filer ID 00020	(Ethics Commission	n Filers)
4 TOTAL	L OF UN	IITEMIZED LOANS			I	\$	0.00
5 Date of l	loan	7 Name of lender	out-of-state	PAC (ID#:		9 Loan Amount (\$)
6 Is lender financial institution		8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Principal	l occupati	on / Job title (See Instruct	ions)	13 Employer (See Instruc	tions)		
14 Descripti		lateral		15 Check if personal fund	ls were deposite	d into political accoun (See Instructions	
16 GUARAI INFORM		17 Name of guarantor				19 Amount Guaran	teed (\$)
not a	applicable	18 Guarantor address;	City; State;				
20 Principal	l occupati	on		21 Employer (See Instruc	tions)		

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

	Candidate/Officeholder/Politica			egal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not liste	ed above)		
	Credit Card Payment		1	he Instruction Gu	iide explains ho	w to con	nple	te this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)		
	Sch: 1/36 Rpt: 22/125		Zaffirini, Judi	th (The Honora	able)					00020971				
4	Date	5	Payee name											
	01/30/2024		American Ex	oress										
6	Amount (\$)	7	Payee address	; City;	State:	Zip Cod	de.							
Ŭ	\$767.02	ľ	P.O. Box 650		Otato,	2.p 000	40							
	4.002													
			Dollar TV 75	265										
		<u> </u>	Dallas, TX 75											
8	PURPOSE OF	(a)		Categories listed at th	ne top of this schedu	ule)	(b)	Description						
	EXPENDITURE		Credit Card F	Payment				=		de of Texas. Com officeholder living	iplete Schedule T.			
								Credit card pa				nses		
								reported here			1 - 3 - 1 -			
9	Complete ONLY if direct		Candidate/Office	holder name	Off	ice souc	thr			Office h	eld			
•	expenditure to benefit C/O		ourialactor office	onorder name	0.11	100 0046	J			Omoo n	ora -			
_	Data	Т												
	Date		Payee name	araaa										
	01/01/2024	_	American Ex											
	Amount (\$)		Payee address		State;	Zip Coo	de							
\$2,060.60 P.O. Box 650448														
			Dallas, TX 75	5265										
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this schedu	ule)	(b)	Description						
	OF EXPENDITURE		Credit Card Payment					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
								ш		ayment for campaign expenses				
								reported here						
	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	Off	ice soug	thr			Office h	eld			
	expenditure to benefit C/O		ourialactor office	onorder riarrie	0.11	100 0046	J			Omoo n	ora .			
	Data	-												
	Date 01/12/2024		Payee name	araaa										
			American Ex											
	Amount (\$)		Payee address		State;	Zip Coo	de							
	\$9,200.67		P.O. Box 650	1448										
			Dallas, TX 75	5265										
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this schedu	ule)	(b)	Description						
	OF EXPENDITURE		Credit Card F	Payment				ш		de of Texas. Com officeholder living	plete Schedule T.			
								Credit card pa				nses		
								reported here		nent for ean	ιραιστι έχρε	11303		
	Complete ONLY if direct	Щ	Candidate/Office	holder name	Off	ice soug	thr			Office h	ald			
	expenditure to benefit C/O		Janunaie/Onlo	molaci naine	Oii	ioc soul	J111			Onice III	oru .			

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								
Ļ		· · · · · · · · · · · · · · · · · · ·							
1	Total pages Schedule F1: Sch: 2/36 Rpt: 23/125	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)						
4	Date 02/29/2024	5 Payee name American Express							
_		· · · · · · · · · · · · · · · · · · ·							
6	Amount (\$) \$2,421.72	7 Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265							
Ļ									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Credit card payment for campaign expenses reported herein							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	02/12/2024	American Express							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,488.71	P.O. Box 650448							
		Dallas, TX 75265							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Credit card payment for campaign expenses							
		reported herein							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	04/10/2024	American Express							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,991.21	P.O. Box 650448							
		Dallas, TX 75265							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Credit card payment for campaign expenses							
		reported herein							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	п							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officebolder/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		Legal Services The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission F	ilers)		
	Sch: 3/36 Rpt: 24/125	l	dith (The Honorable	e)				00020971	`	•		
4	Date	5 Payee name										
	04/01/2024	American E	express									
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode							
	\$1,484.97	P.O. Box 6	P.O. Box 650448									
		Dallas, TX	75265									
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description						
	OF EXPENDITURE	Credit Card	Payment					de of Texas. Com				
						_		officeholder living				
		Credit card payment for campaign expenses reported herein										
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eld			
	experientare to some exer-	•										
	Date	Payee name										
	03/13/2024	American E	xpress									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode							
	\$3,453.98	P.O. Box 6	50448									
		Dallas, TX	75265									
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description						
	EXPENDITURE	Credit Card Payment				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						_			ipaign expenses			
						reported here		nent for ear	ipaigii experises			
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld			
	Date	Payee name										
	05/10/2024	American E	xpress									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode							
	\$3,583.67	P.O. Box 6	50448									
		Dallas, TX	75265									
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description						
	EXPENDITURE	Credit Card	Payment					de of Texas. Com officeholder living				
						ш			ipaign expenses			
						reported here			paigir experiess			
	Complete ONLY if direct	L Candidate/Off	ceholder name	Office sou	ıght			Office he	eld			
	expenditure to benefit C/O			252 330	J							
l												

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			mmittee	Legal Services	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
Ļ	-	٦	EU EE		Culue expiailis	3 HOW TO COL	iiipie	ac una ioiiii.	<u> </u>	- 1	-			
$ ^1$	Total pages Schedule F1:	2							3		•	Ethics Commission Filers)		
_	Sch: 4/36 Rpt: 25/125	_		dith (The Hon	orable)					0002097	1			
4	Date	5	Payee name											
L	05/15/2024	L	American E	xpress										
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de							
	\$3,355.58		P.O. Box 65	50448										
			Dallas, TX	75265										
8	PURPOSE	(a)		ee Categories listed	at the top of the	abadula)	(b)	Description						
	OF	``'	Credit Card		at the top of this sc	cnedule)	(~)	Check if travel	outsi	de of Texas. C	omplete	e Schedule T.		
	EXPENDITURE		Sicult Calu	i ayınıcılı				Check if Austin						
										ment for ca	ampa	ign expenses		
		reported herein												
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held			
L	expenditure to benefit C/O	H 												
	Date		Payee name											
	06/07/2024		American E	xpress										
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de							
	\$8,689.38		P.O. Box 65	50448										
			Dallas, TX	75265										
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	chedule)	(b)	Description						
	OF EXPENDITURE		Credit Card Payment					=	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense					
	-							ш						
								reported here		nentiol C	ampa	ign expenses		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office	held			
	expenditure to benefit C/O		Sandidato/OIII	continue name		Omoc sou	9111			Onice	riciu			
	Date	Π	Payee name											
	05/01/2024		American E	xnress										
_		\vdash			01-1	2:- C	d-							
	Amount (\$)		Payee addre		State	e; Zip Co	ue							
	\$207.75		P.O. Box 65	oU448										
			_											
			Dallas, TX	75265		-								
	PURPOSE OF	(a)		ee Categories listed	at the top of this sc	chedule)	(b)	Description						
	EXPENDITURE		Credit Card	Payment				Check if travel of Check if Austin						
												ign services reported		
								herein	ayı	nent ioi G	лпра	iigii scrvices reporteu		
	Complete ONLY if direct	L(Candidate/Offi	ceholder name	!	Office sou	aht			Office	held			
	expenditure to benefit C/O		- 3.2.2.2.0.0.0 O III				٠٠٠.			211100				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor	Gift/Awards/Memorials Expense Prin Legal Services Sala The Instruction Guide explains how to		ense ges/Contract Labor	Ti	ravel Out of Dist THER (enter a	trict category not listed above))
1	Total pages Schedule F1:	2				3 F	iler ID	(Ethics Commission	Filers)
	Sch: 5/36 Rpt: 26/125	L	Zaffirini, Judith (The Honorable)			0	0020971		
4	Date	5	Payee name						
	03/25/2024	L	Anedot Inc.						
6	Amount (\$)	7	Payee address; City; State; Zip	p Code	e				
	\$40.30		1340 Polydras St.						
			New Orleans, LA 70112						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (I	b) Description				
	OF EXPENDITURE		Fees		Check if travel of Check if Austin,			olete Schedule T.	
					Processing fe		ncenoider livilly	coheriae	
9	Complete ONLY if direct		Candidate/Officeholder name Office	e sough	ht		Office he	eld	
	expenditure to benefit C/O	Н		3					
	Date		Payee name						
	04/29/2024		Anedot Inc.						
	Amount (\$)		Payee address; City; State; Zip	p Code	е				
	\$20.30		1340 Polydras St.						
			New Orleans, LA 70112						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(I	b) Description				
	OF EXPENDITURE		Fees		Check if travel of Check if Austin,			olete Schedule T.	
					Processing fe		ncenoider livilly	coheriac	
	Complete ONLY if direct		Candidate/Officeholder name Office	e sough	ht		Office he	eld	
	expenditure to benefit C/O								
	Date		Payee name						
	05/20/2024		Anedot Inc.						
	Amount (\$)		Payee address; City; State; Zip	p Code	e				
	\$80.60		1340 Polydras St.						
			New Orleans, LA 70112						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (I	b) Description				
	OF EXPENDITURE		Fees		ш			olete Schedule T.	
					Check if Austin, Processing F		ticeholder living	expense	
					FIUCESSIIIY F	cc5			
	Complete ONLY if direct	Ц	Candidate/Officeholder name Office	e sough	ht		Office he	eld	
	expenditure to benefit C/O		- Indiana Children	- cougi	· · · ·		200 110		
	me provided by Texas F	thic	e Commission www.athics.stato	tv uc				Version V2 5.1 (Obfofb67

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 (enter a category not listed above)

	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: 6/36 Rpt: 27/125	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/27/2024	Anedot Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.30	1340 Polydras St.
		New Orleans, LA 70112
8	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 Processing fees
		1 Toccssing ices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/13/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Polydras St.
		New Orleans, LA 70112
	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
		Processing Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/14/2024	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Polydras St.
		New Orleans, LA 70112
	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 Processing fees
1		i roccasiiig idda
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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 Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to cor		S/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/36 Rpt: 28/125	Zaffirini, Judith (The Honorable)		00020971
4	Date	5 Payee name		
	06/14/2024	Best Western Lockhart Hotel		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$214.69	1811 South Colorado		
		Lockhart, TX 78644		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff lodging
				Stall louging
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	jht	Office held
-	Date	Payee name		
	01/23/2024	CenterPoint Energy		
	Amount (\$)	Payee address; City; State; Zip Coo	ie	
	\$62.56	P.O. Box 4981		
		Houston, TX 77210		
	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.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Headquarters gas bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	jht	Office held
	experiditure to beriefit C/Oi	п		
	Date	Payee name		
	02/27/2024	CenterPoint Energy		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$72.26	P.O. Box 4981		
		Houston, TX 77210		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Headquarters gas bill
	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	Н		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lister Credit Card Payment	d above)
The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)
Sch: 8/36 Rpt: 29/125 Zaffirini, Judith (The Honorable) 00020971	
4 Date 5 Payee name	
03/26/2024 CenterPoint Energy	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$62.06 P.O. Box 4981	
Houston, TX 77210	
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, officenoider living expense	
Headquarters gas bill	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experiorate to benefit C/On	
Date Payee name	
04/23/2024 CenterPoint Energy	
Amount (\$) Payee address; City; State; Zip Code	
\$56.77 P.O. Box 4981	
Houston, TX 77210	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Office Overhead/Rental Expense	
EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Headquarters gas bill	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
05/28/2024 CenterPoint Energy	
Amount (\$) Payee address; City; State; Zip Code	
\$55.75 P.O. Box 4981	
\$33.73 F.O. BOX 4301	
Houston, TX 77210	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas Complete Schedule Tex	
EXPENDITURE Office Overnead/Rental Expense Li check in laver duside of rexast complete softed in the	
Check if Austin, TX, officeholder living expense	
Headquarters gas bill	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> 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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 9/36 Rpt: 30/125	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	_
	06/26/2024	CenterPoint Energy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$55.75	P.O. Box 4981	
		Houston, TX 77210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Headquarters gas bill	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI	1	
F	Date	Payee name	=
l	01/08/2024	City of Laredo Utilities	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$201.16	P.O. Box 6548	
		Laredo, TX 78042	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Headquarters water bill	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨	Date	Payee name	=
l	02/07/2024	City of Laredo Utilities	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$201.16	P.O. Box 6548	
l			
		Laredo, TX 78042	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Headquarters water bill	
L	Complete ONII V if direct	Candidate/Officeholder name Office sought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			_
l			

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-
	Sch: 10/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971	
4	Date	5 Payee name	_
	03/11/2024	City of Laredo Utilities	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$201.16	P.O. Box 6548	
		Laredo, TX 78042	
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 Headquarters water bill	
		Heauquaiteis water bill	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data		=
	Date	Payee name	
L	04/09/2024	City of Laredo Utilities	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$201.16	P.O. Box 6548	
		Laredo, TX 78042	
	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	
		Headquarters water bill	
		1,000 1,000 0	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	-
	05/08/2024	City of Laredo Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$201.16	P.O. Box 6548	
		Laredo, TX 78042	
	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Headquarters water bill	
_	Complete ONLY if alice of	Candidate/Officeholder name Office sought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			_

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	06/10/2024	City of Laredo Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$201.16	P.O. Box 6548
		Laredo, TX 78042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Headquarters water bill
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	
	Date	Payee name
	03/08/2024	Cruz Auto Glass Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	2701 Florez Ave.
l		
l		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
l	LXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
l		Windshield replacement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	<u> </u>	
	Date	Payee name
L	04/15/2024	Cruz Auto Glass Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	2701 Florez Ave.
l		
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Expense
		Timesmore representation
\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/ 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 12/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	01/08/2024	Dove Springs Proud
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4103 Sojourner. St.
		Austin, TX 78725
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Gala Sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u> </u>	
	Date	Payee name
	06/30/2024	Eventbrite
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,761.14	155 5th St., 7th Floor
		San Francisco, TX 94103
	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
		Processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/07/2024	Executive Office Supply
	Amount (\$)	
	\$157.77	Payee address; City; State; Zip Code 3312 Santa Ursula Ave.
	Φ137.77	3312 Saina Ofsula Ave.
		Laredo, TX 78040
	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
		Office supplies
	Operation ONLY if allowed	Our fideby (Office holder many)
	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 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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/25/2024	Garay, Angeles
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$580.00	5230 Thunder Creek Rd., Apt 13
		Austin, TX 78759
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
		Contract labor for dampaign convices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/08/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.09	221 W. 6th St., Ste. 2100
		Austin, TX 78767
	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
		Dues Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	02/07/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$261.09	221 W. 6th St., Ste. 2100
		Austin, TX 78767
	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T.I. 01.11.51	
	Total pages Schedule F1:	
L	Sch: 14/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	03/05/2024	Headliners Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.09	221 W. 6th St., Ste. 2100
		Austin, TX 78767
L		
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
		Dues
Ļ	Complete ONLY if direct	Candidata/Officahaldar nama Offica sayaht Offica hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	04/15/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.09	221 W. 6th St., Ste. 2100
		Austin, TX 78767
L	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
		Dues
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Dete	
	Date 05/00/2024	Payee name
	05/08/2024	Headliners Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.09	221 W. 6th St., Ste. 2100
		Austin, TX 78767
Г	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
ĺ		Dues
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г		
$oldsymbol{ol}}}}}}}}}}}}}}}}}$		

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 complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/36 Rpt:	Zaffirini, Judith (The Honorable)	00020971
4	Date	5 Payee name	
	06/14/2024	Headliners Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$221.09	221 W. 6th St., Ste. 2100	
		Austin, TX 78767	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		│	Check if Austin, TX, officeholder living expense
			,5
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cinide Held
_	Date	Payee name	
	06/04/2024	Huerta, Gloria	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	Oaxaca 3251	
	Ψ000.00	Colonia Jardin	
		Nuevo Laredo Nuevo Leon, Tamaulipas 88260 Mexico	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description (See Categories listed at the top of this schedule)	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Olit/ Wards/ Methonals Expense	Check if Austin, TX, officeholder living expense
		Leg	islative gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/23/2024	John Doner & Associates, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32,089.26	1005 Congress Ave., Ste. 580	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Sign and placement of ads
		Des	sign and placement of ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
l			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total nagge Ceb 1:- 1- 54	1
1	Total pages Schedule F1: Sch: 16/36 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date	5 Payee name
	02/29/2024	John Doner & Associates, Inc.
6	Amount (\$) \$5,643.76	7 Payee address; City; State; Zip Code 1005 Congress Ave., Suite 580
	+=,= :=::	
		Austin, TX 78701
8	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 Design and placement of ads
		besign and placement of ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/24/2024	LBJ Museum of San Marcos
	Amount (\$)	Payee address; City; State; Zip Code
	\$590.00	P. O. Box 3
		San Marcos, TX 78666
	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
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2024	Lincoln Automotive Financial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$925.12	P.O. Box 650575
		Dellas TV 75265
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Vehicle lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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			egal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card Payment		T	he Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 17/36 Rpt:		Zaffirini, Judi	th (The Honor	able)					00020971		
4	Date	5	Payee name									
	02/06/2024			notive Financi	al Services							
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$925.12		P.O. Box 650	575								
			Dallas, TX 75	5265								
8	PURPOSE	(a)	Category (See	Categories listed at t	the ton of this sche	dule)	(b)	Description				
	OF			n Equipment			` '	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense					—		officeholder living	g expense	
								Vehicle lease	!			
		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	03/05/2024		Lincoln Autor	notive Financi	al Services							
	Amount (\$)	ı	Payee address		State;	Zip Co	de					
	\$925.12		P.O. Box 650)575								
			Dallas, TX 75	5265								
	PURPOSE OF	(a)	Category (See	Categories listed at t	he top of this sche	dule)	(b)	Description				
	EXPENDITURE			n Equipment <i>i</i>	And Related			-		de of Texas. Con officeholder living	nplete Schedule T.	
			Expense					Vehicle lease		officeriolaer living	y expense	
	Complete ONLY if direct		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	04/03/2024	ı	-	notive Financi	al Services							
	Amount (\$)		Payee address	s; City;	State:	Zip Co	de					
	\$925.12	ı	P.O. Box 650	-	,							
			Dallas, TX 75	5265								
	PURPOSE	-		Categories listed at t	ha tan af thia aaba	dula)	(b)	Description				
	OF			n Equipment A		dule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense					_		officeholder livin	g expense	
								Vehicle lease	!			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	eld	
	onponditure to benefit 6/01											

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/36 Rpt: Zaffirini, Judith (The Honorable) 00020971 4 Date Payee name 05/02/2024 Lincoln Automotive Financial Services 6 Amount (\$) Payee address; City; State; Zip Code \$925.12 P.O. Box 650575 Dallas, TX 75265 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle Lease Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2024 Lincoln Automotive Financial Services Amount (\$) Payee address; City; State; Zip Code \$925.12 P.O. Box 650575 Dallas, TX 75265 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Vehicle lease Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2024 Mundo Publicitario Amount (\$) Payee address: City; State; Zip Code \$300.00 1001 Market Laredo, TX 78046 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Radio ads 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 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

	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: 19/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
l	06/14/2024	Mundo Publicitario
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1001 Market
		Laredo, TX 78046
Ļ	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Radio ads
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
F	Date	Payee name
l	01/01/2024	Pappas, Josie
Н	Amount (\$)	Payee address; City; State; Zip Code
l	\$800.00	4902 Marcella #64
l	4000.00	1002 Maroona no 1
l		Laredo, TX 78041
L	DUDDOG	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Contract labor for campaign services
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
F	Date	Payee name
l	01/15/2024	Pappas, Josie
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$800.00	4902 Marcella #64
l		Laredo, TX 78041
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ wages/Contract Labor Check if Austin, TX, officeholder living expense
l		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 20/36 Rpt:	FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4	Date 01/29/2024	5 Payee name Pappas, Josie	•
6	Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4902 Marcella #64	
8	PURPOSE OF EXPENDITURE	Laredo, TX 78041 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/12/2024	Payee name Pappas, Josie	
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64 Laredo, TX 78041	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/26/2024	Payee name Pappas, Josie	
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64	
		Laredo, TX 78041	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
	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 Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 21/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	03/11/2024	Pappas, Josie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor for campaign services
		Contract labor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	03/25/2024	Pappas, Josie
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor for campaign services
		Contract labor for campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/08/2024	Payee name
		Pappas, Josie
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4902 Marcella #64
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor for campaign services
		Contract labor for campaign services
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 22/36 Rpt:	2 FILER NAME Zaffirini, Judith (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020971
4	Date 04/22/2024	5 Payee name Pappas, Josie
6	Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4902 Marcella #64
8	PURPOSE OF EXPENDITURE	Laredo, TX 78041 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/07/2024	Payee name Pappas, Josie
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64 Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/20/2024	Payee name Pappas, Josie
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 4902 Marcella #64
		Laredo, TX 78041
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Candidate/Officeholder/Poli Credit Card Payment	tegal 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: 23/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
06/03/2024	Pappas, Josie
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4902 Marcella #64
	Laredo, TX 78041
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
06/17/2024	Pappas, Josie
Amount (\$) \$800.00	
	Laredo, TX 78041
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign services
Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
02/20/2024	Personalized Promotions
Amount (\$) \$7,330.2	Payee address; City; State; Zip Code 7 7605 Stoneywood
	Austin, TX 78731
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 Imprinted materials
Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1: Sch: 24/36 Rpt:	FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4	Date 01/29/2024	5 Payee name Pitney Bowes	
6	Amount (\$) \$2,203.00	7 Payee address; City; State; Zip Code P.O. Box 371874	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ostage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/23/2024	Payee name Reliant	
	Amount (\$) \$38.09	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eadquarters light bill
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/22/2024	Payee name Reliant	
	Amount (\$) \$39.74	Payee address; City; State; Zip Code P.O. Box 650475	
		Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense
	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
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/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4 Date	5 Payee name
03/20/2024	Reliant
6 Amount (\$) \$59.43	7 Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265
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 Headquarters light bill
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
04/23/2024	Reliant
Amount (\$) \$77.16	Payee address; City; State; Zip Code P.O. Box 650475
	Dallas, TX 75265
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 Headquarters light bill
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
05/20/2024	Reliant
Amount (\$) \$114.31	Payee address; City; State; Zip Code P.O. Box 650475
	Dallas, TX 75265
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 Headquarters light bill
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 26/36 Rpt:	FILER NAME Zaffirini, Judith (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020971
4	Date 06/20/2024	5 Payee name Reliant	•
6	Amount (\$) \$152.91	7 Payee address; City; State; Zip Code P.O. Box 650475	
8	PURPOSE OF EXPENDITURE	Dallas, TX 75265 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Headquarters light bill
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/24/2024	Payee name Soliz Jr., Rosbel	
	Amount (\$) \$185.00	Payee address; City; State; Zip Code 1107 Savannah Loop	
	PURPOSE OF EXPENDITURE	Laredo, TX 78046 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Preparation of tax forms
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/01/2024	Payee name Soliz Jr., Rosbel	
	Amount (\$) \$1,187.50	Payee address; City; State; Zip Code 1107 Savannah Loop	
		Laredo, TX 78046	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting
	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 -

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: 27/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	02/14/2024	Store It All Self Storage Del Norte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$489.00	5115 San Francisco Avenue
		Laredo, TX 78041
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
		Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	04/15/2024	Store It All Self Storage Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$489.00	5115 San Francisco Avenue
	4 100100	
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage
	Operation ONLY if allower	Openhalte Office helds
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2024	Store It All Self Storage Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$489.00	5115 San Francisco Avenue
		Laredo, TX 78041
	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
		Storage
	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 Leaal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 28/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	06/18/2024	Store It All Self Storage Del Norte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$489.00	5115 San Francisco Avenue
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Storage
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Store It All Storage - Townlake-Hills
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.00	1234 Townlake Dr.
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	04/15/2024	Store It All Storage - Townlake-Hills
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.00	1234 Townlake Dr.
		Laredo, TX 78041
	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
		Ciorago
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 29/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	05/14/2024	Store It All Storage - Townlake-Hills
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$173.00	1234 Townlake Dr.
		Laredo, TX 78041
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
		Siorage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	06/18/2024	Store It All Storage - Townlake-Hills
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.00	1234 Townlake Dr.
		Laredo, TX 78041
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	05/10/2024	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 15707
		Austin, TX 78761
	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
		Continuation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
_										
1	Total pages Schedule F1:									
	Sch: 30/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971								
4	Date	5 Payee name								
	01/31/2024	Texas Facilities Commission								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$500.00	P. O. Box 301586								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		Augtin TV 70702								
		Austin, TX 78703								
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								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experientare to benefit 6/61									
	Date	Payee name								
	06/25/2024	Texas Senate Democratic Caucus								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$5,000.00	P.O. Box 1042								
	, , , , , , , , , , , , , , , , , , , ,									
		Auctin TV 70767								
		Austin, TX 78767								
	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								
		Dues								
		Bucs								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·								
	· 									
	Date	Payee name								
	01/18/2024	The Frame House								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$30.26	1611 Scott								
		Laredo, TX 78040								
	PURPOSE									
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Frames								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 31/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971					
4	Date	5 Payee name					
	02/15/2024	The Frame House					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$151.28	1611 Scott					
		Laredo, TX 78040					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	LXI LINDITORL	Check if Austin, TX, officeholder living expense					
		Frames					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to benefit Gree						
	Date	Payee name					
	03/05/2024	The Frame House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$39.01	1611 Scott					
		Laredo, TX 78040					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Frames					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experionare to benefit C/Oi						
	Date	Payee name					
	03/11/2024	The Frame House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.57	1611 Scott					
		Laredo, TX 78040					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Frames						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	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/Wages/Contract Labor

	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: 32/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
	03/25/2024	The Frame House
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.28	1611 Scott
		Laredo, TX 78040
8	DUDDOCE	
ľ	PURPOSE 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
		Frames
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	04/15/2024	The Frame House
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	1611 Scott
l	******	
l		Laredo, TX 78040
┡	DUDDOCE	
	PURPOSE 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.
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Frames
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
l	05/01/2024	The Frame House
H	Amount (\$)	Payee address; City; State; Zip Code
	\$30.26	1611 Scott
l		Laredo, TX 78040
-	PURPOSE	
l	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
l		Frames
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services	morials Expense	Prir Sal	Printing Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.			Travel Out of OTHER (ente		oove)
1 Total pages Schedule F1:			FILER NAME		<u>.</u>		•		3	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 33/36 Rpt:	l		- dith (The Ho	onorable)					00020971	•	,
4	Date	5 F	Payee name									
	05/21/2024	7	The Frame	House								
6	Amount (\$)	7 F	Payee addre	ss; City;		State; Zi	p Code					
	\$178.23] 1	1611 Scott									
		l	_aredo, TX	78040								
8	PURPOSE	(a) (Category (S	ee Categories lis	ted at the top of t	this schedule	(b)	Description				
	OF EXPENDITURE	(Office Over	head/Renta	ıl Expense			=			omplete Schedule T.	
								Frames	iii, i A	, officeholder liv	ing expense	
								Tamoo				
9	Complete ONLY if direct	L Ca	andidate/Off	iceholder nar	ne	Office	 e sought	:		Office	held	
	expenditure to benefit C/O	H										
	Date	F	Payee name									
	05/29/2024	1	The Frame House									
	Amount (\$)	F	Payee addre	ss; City;		State; Zi	p Code					
	\$149.63] 1	1611 Scott									
		l	_aredo, TX	78040								
	PURPOSE OF			ee Categories lis		this schedule	(b)	Description				
	EXPENDITURE	Onice Overneda/Nertial Expense						el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
								Frames	, 17	., omcendaer nv	ing expense	
	Complete ONLY if direct		andidate/Off	ceholder nar	ne	Office	e sought			Office	held	
	expenditure to benefit C/O	Н										
	Date	F	Payee name									
	06/10/2024	7	The Frame	House								
	Amount (\$)	F	Payee addre	ss; City;		State; Zi	p Code					
	\$37.04	l	1611 Scott	•								
		Laredo, TX 78040										
	PURPOSE	(a) (Category (S	ee Categories lis	ed at the top of t	this schedule	(b)	Description				
OF EXPENDITURE			Office Over	head/Renta	ıl Expense			<u> </u>			omplete Schedule T.	
								Check if Aust Frames	tin, TX	, officeholder liv	ing expense	
								i-iaiiies				
	Complete ONLY if direct		andidato/Off	iceholder nar		Office	e sought			Office	held	
	Complete ONLY if direct expenditure to benefit C/Ol		anuludle/UII	cenduel nar	IIC	OHICE	. sougni			Onice	HEIU	

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

	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 File	ers)							
	Sch: 34/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971								
4	Date	5 Payee name	Payee name							
	03/11/2024	The Philosophical Society of Texas								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$300.00	P. O. Box 160144								
		Austin, TX 78716								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense Dues								
		Dues								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	н								
F	Date	Payee name								
	01/08/2024	The Texas Senate								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,071.05	P. O. Box 12068								
L		Austin, TX 78711								
	PURPOSE 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								
		Office Supplies								
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
F	Date	Payee name								
	02/02/2024	The Texas Senate								
r	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.00	P. O. Box 12068								
		Austin, TX 78711								
	PURPOSE 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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Gavels								
L	Complete ON!! V if alice	Condidate/Officeholder name Office parett								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H								

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/Officenologer/Political Committee Legal Services Salaries/Wages/Contract 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 35/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971				
4	Date	5 Payee name				
	02/22/2024	The Texas Senate				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$145.00	P. O. Box 12068				
		Austin, TX 78711				
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				
		Gavels				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	-				
	Date	Payee name				
	04/03/2024	The Texas Senate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.00	P. O. Box 12068				
		Austin, TX 78711				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Gift/Awards/Memorials Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Gavel				
		Gaver				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	05/14/2024	The Texas Senate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.00	P. O. Box 12068				
	¥ 10.00	- 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3				
		Austin, TX 78711				
	PURPOSE	To.				
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Gavel				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H				

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/Officeholder/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: 36/36 Rpt:	Zaffirini, Judith (The Honorable) 00020971
4	Date	5 Payee name
l	05/17/2024	The Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$222.50	P. O. Box 12068
L		Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Flags
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	03/28/2024	United States Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$491.97	P. O. Box
l		Charlotte, NC 28201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		E-filing of 1120 -POL for campaign Interest
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
l		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)								
Sch: 1/63 Rpt: 58/125	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4			
6 PAYMENT	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			r Paid					
	\$50.86	01/01/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Amazon Market Pla	ace	P.O. Box 81226						
			Seattle, WA 98108						
8 PURPOSE OF	(a) Category	(4)	(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Office equipment						
X Political		tai Experies							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$2.15	01/01/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Apple Company Sto	ore	1 Infinite Loop						
			Cupertino, CA 95014						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Office Overhead/Rent		QR reader						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$1,116.35	01/01/2024							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code			
			327 Williams Ave.						
	Flovery								
			Renton, WA 98057						
PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description						
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	,	Legislative gifts						
X Political	2								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 2/63 Rpt: 59/125	Zaffirini, Judith (The	e Honorable)	00020971						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 4,459.04				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$9.73	01/01/2024							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Amazon. Com		P. O. Bo	x 81226					
				Soottle V	M/A 00100					
8	PURPOSE OF	(a) Category		(b) Descri	WA 98108					
ľ	EXPENDITURE	(See Categories listed at the top			ng Literacy Progra	am				
	X Political	Office Overhead/Rent	tal Expense		, ,					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$16.23	01/01/2024							
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Amazon. Com	P. O. Box 81226							
		Amazon. Com								
┡	PURPOSE OF	(a) Category		Seattle, WA 98108 (b) Description						
	EXPENDITURE	(See Categories listed at the top	1 ' '	ng Literacy Progra	am					
	X Political	Office Overhead/Rent	tal Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	nense			
┝	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$2.54	01/01/2024							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		Apple Company Sto	ore	1 Infinite	Loop					
		Apple Company St	JI C							
┡	DUDDOCE OF	(a) Catagony		(b) Descri	o, CA 95014					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		I-cloud s	•					
	Office Overhead/Rental Expense			0.000						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	nense			
\vdash	Complete ONLY if direct	Candidate/Officeholder	·	e sought	CHECK II AUSUII, 1X,	Office held	001130			
е	expenditure to benefit C/OH			J						
H										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	dule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 3/63 Rpt: 60/125	Zaffirini, Judith (The	00020971							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 4,459.04				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$12.44	01/01/2024							
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
	Amazon. Com		P. O. Bo	x 81226					
			Seattle, \	WA 98108					
8 PURPOSE OF	(a) Category		(b) Descri						
EXPENDITURE	(See Categories listed at the top		1	ng Literacy Progra	am				
X Political	Office Overhead/Ren	tal Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$233.46	01/01/2024							
PAYEE	(a) Payee name	l .	(b) Payee	address;	City,	State,	Zip Code		
	Nuts.com	125 Moe	n Street						
	Nats.com		0	NJ 07046					
PURPOSE OF	(a) Category		Cranford, NJ 07016 (b) Description						
EXPENDITURE	(See Categories listed at the top	Legislative gifts							
X Political	Gift/Awards/Memorial	ls Expense		i e g.i.e					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$12.44	01/01/2024							
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code		
	A		P. O. Bo	x 81226					
	Amazon. Com								
	(a) Oatawari			WA 98108					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ption ig Literacy Progra	am.				
X Political	Office Overhead/Ren		FIUIIIUIII	ig Literacy Progra	AITI				
Non-Political	(2) D (1) 1 1 1 1			<i>m</i> 1					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	office held	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	c sougill		Onice nelu				
S. ponditoro to bonont oron	l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (I	Ethics Commiss	sion Filers)				
Sch: 4/63 Rpt: 61/125	Zaffirini, Judith (The	e Honorable)	00020971						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	5 \$	4,459.0)4			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
	\$9.19	01/01/2024							
7 PAYEE	(a) Payee name Apple Company Sto	ore	(b) Payee address; 1 Infinite Loop	City,	State,	Zip Code			
			Cupertino, CA 95	014					
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software						
X Political	omoc overneda/rem	tai Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, officeholder living	expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid					
	\$3.24	01/01/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Amazon. Com		P. O. Box 81226						
			Seattle, WA 98108						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Promoting Literac	y Program					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, officeholder living	expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ce sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid					
	\$12.98	01/01/2024							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
			P. O. Box 81226	·		·			
	Amazon. Com								
			Seattle, WA 9810	8					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Promoting Literac	y Program					
X Political	Office Overhead/Rent	iai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	f Austin, TX, officeholder living	expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)
	Sch: 5/63 Rpt: 62/125	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$976.00	01/01/2024					
7	PAYEE	(a) Payee name Arthur Court Group	Inc.		adley Street	City,	State,	Zip Code
L		() 2 :			CA 90601			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Gift/Awards/Memorial		Legislativ	re giits			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$271.71	01/01/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Perigold		4 Copley	Place, Floor 7			
				Boston, N	MA 02116			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office eq	uipment			
	X Political		.s =/,ps//.es					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$18.39	01/01/2024					
T	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		A 1.1. A		345 Park	Ave.			
		Adobe Acropo Syst	ems					
L					e, CA 95110-2704	4		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Office Overhead/Ren		Software				
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
_ ا	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash^{ϵ}	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 6/63 Rpt: 63/125	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$217.34	01/12/2024							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Bluehost		560 Timpa	inogos Pkwy					
				Orem, UT						
8	PURPOSE OF	(a) Category	of this cobodule)	(b) Description						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software						
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9				e sought		Office held				
е	xpenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$23.09	01/12/2024							
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Техасо		2400 Expo	sition Blvd					
				Austin, TX	78745					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	·	Gasoline						
	x Political	Expense	Hent And Related							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$69.95	01/12/2024							
Г	PAYEE	(a) Payee name	1	(b) Payee a	ddress;	City,	State,	Zip Code		
				3310 N. Ca	apital of Texas I	Highway				
		Shell Austin								
				Austin, TX	78746					
Г	PURPOSE OF	(a) Category		(b) Descripti	ion					
	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related		Gasoline							
	X Political	Expense								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 7/63 Rpt: 64/125	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$ 4,459.04		04
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$131.49	01/12/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Adobe Acropo Syst	tems	345 Park <i>A</i>	Ave.			
				CA 95110-2704	4		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti	on			
X Political	Office Overhead/Ren	•	Software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$143.20	01/12/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Holiday Inn Austin	Townlake	20 North 1	H-35			
			Austin, TX	78701			
PURPOSE OF	(a) Category	(1)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Staff lodging				
X Political	Traver in Biotries						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$6,582.96	01/12/2024					
PAYEE	(a) Payee name	1	(b) Payee ad	ddress;	City,	State,	Zip Code
			P. O. Box	12874			
	Texas State History	y Museum					
			Austin, TX	78711			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	,	Legislative	gifts/ Auction it	tems		
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held		
expenditure to benefit C/OH	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 8/63 Rpt: 65/125	Zaffirini, Judith (The	e Honorable)		00020971				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$74.53	01/12/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	FedEx Freight		P. O. Box 10306					
			Palatine , IL 60055-0306					
8 PURPOSE OF	(a) Category	of this colored (Is)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Shipping					
X Political		<u>_</u> ,,poee						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
9 Complete ONLY if direct	•			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$16.23	01/12/2024						
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Amazon. Com		P. O. Box 81226					
			Seattle, WA 98108					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Paper					
X Political	Office Overflead/Nem	ал ширепве						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$186.02	01/12/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
			9300 S. Interstate 35					
	Walmart Super Cer	nter						
			Austin, TX 78748					
PURPOSE OF	1 1 7 7 7 7							
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense							
X Political	Janes Overneau/Nein	ш Елропос						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	`	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 9/63 Rpt: 66/125	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	4,459.0)4		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
		\$146.95	01/12/2024							
7	PAYEE	(a) Payee name Verizon Wireless		(b) Payee P.O. Box		City,	State,	Zip Code		
				Dallas, T						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip						
	X Political	Office Overhead/Ren			Wireless telephone/internet service for office holder campaign work					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
		\$32.08	01/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Amazon. Com		P. O. Box	x 81226					
				Seattle, \	WA 98108					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office su	pplies					
	x Political									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$45.96	01/12/2024							
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Ctrings		3320 Sar	n Bernardo Ave.					
		Stripes								
L		(a) Oatawar		Laredo,						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Transportation Equip	ment And Related	Gasonile						
	Non-Political	Expense			—	<i></i>				
\vdash	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living ex	pense			
 	Complete ONLY if direct xpenditure to benefit C/OH		name Office	o oouynt		Onice nelu				
Ĕ	The state of the bottom of off									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethio	cs Commis	sion Filers)	
	Sch: 10/63 Rpt:	Zaffirini, Judith (The	e Honorable)				00020971			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	IDI	UNITEMIZED TURES O TO A CREDIT	\$	4,459.0	04	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid			
		\$99.93	01/30/2024							
7	PAYEE	(a) Payee name		(b) Payee			City,	State,	Zip Code	
		Amazon Market Pla	ace	P.O. Box						
Ļ		() 0 :		Seattle, V						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		n				
	X Political	Office Overhead/Ren	tal Expense	Supplies						
	Non-Political		of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
				e sought			Office held			
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid			
		\$18.39	01/30/2024							
	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code	
		Adobe Acropo Syst	rome	345 Park	άΑν	ve.				
		Adobe Acropo Syst	ems.							
L	DUDDOOT 05	(a) Cataman				CA 95110-2704				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		ori				
	X Political	Office Overhead/Ren	tal Expense	Johnware						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		_	Check if Austin TX	officeholder living exp	ense		
┢	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense						
e	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) C	redit Card Issuer	Paid			
		\$12.00	01/12/2024							
Г	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code	
l		Tayana		2400 Exp	005	sition Blvd				
l		Texaco								
				Austin, T						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Transportation Equipment And Related		•	verlicie n	ııal	intenance				
	X Political Expense					-				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
_	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
╚	Apenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)		
	Sch: 11/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$167.93	01/12/2024							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Office Depot			San Bernando					
Ļ		() 0 :		+	ΓX 78041					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Office Overhead/Rent	tal Expense	Office Su	pplies					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	name Office	e sought		Office held					
е	expenditure to benefit C/OH		T							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$13.50	01/12/2024							
	PAYEE (a) Payee nam			(b) Payee	address;	City,	State,	Zip Code		
		Shell Austin		3310 N.	Capital of Texas	Highway				
				Austin, T	X 78746					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip						
	X Political	Transportation Equipr Expense		Gasoline						
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense			
┢	Complete ONLY if direct	Candidate/Officeholder		fice sought Office held						
e	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
		\$45.00	01/12/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		South Texas Car W	/ooh	4317 Sai	n Bernardo Ave.					
		South Texas Car W	/asii							
					TX 78041					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
1	_	Transportation Equipr	*	verlicie r	naintenance					
	X Political Expense									
dash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0.00116.64	Check if Austin, TX,	officeholder living ex	pense			
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
╚	Apenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 12/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$172.92	01/12/2024						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	AT&T Mobility		P.O. Box 6					
a PURPOSE OF	(a) Catagon		<u> </u>	am, IL 60197				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		rnet service for office holder			
X Political	Office Overhead/Rent	tal Expense	campaign work					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	·				Office held			
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$49.79	01/12/2024						
PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code	
	Shell Austin		3310 N. Ca	apital of Texas I	Highway			
			Austin, TX	78746				
PURPOSE OF	(a) Category	of this cohodule)	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr		Gasoline					
Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.	Charlet Avertin TV office haldes listen access					
Complete ONLY if direct	Candidate/Officeholder		Check if Austin, TX, officeholder living expense Ce sought Office held					
expenditure to benefit C/OH	Garlandato, Ginocrioladi	That is a second of the second	o oougiii		Omoo noid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
	\$12.86	01/12/2024						
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	Chall Marthalia Airt	- 0	98 Red Bu	d Trail				
	Shell Westlake Auto	o Care						
			Austin, TX	78746				
PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-i	(b) Description					
EXPENDITURE	Transportation Equipr	,	Gasoline					
X Political	Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 13/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$24.00	01/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Go Carwash		1919 Guadalupe St.			
			Laredo, TX 78043			
8 PURPOSE OF	(a) Category	of this sahadula)	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr		Vehicle maintenance			
Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living exp	nense	
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH			.			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$376.27	01/30/2024				
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code
	Ascending Technol	ogies, Inc	P.O. Box 450528			
			Laredo, TX 78045			
PURPOSE OF	(a) Category	of this colored do	(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Computer repair			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$13.88	01/30/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1 Infinite Loop			
	Apple Company Sto	ore				
			Cupertino, CA 95014			
PURPOSE OF	(a) Category	of this schodulo)	(b) Description I-Cloud storage			
l <u> </u>	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense					
X Political		· 				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeholder/Politica				THER (enter a category	not listed ab	oove)	
4 7 1 0 1 1 54		ruction Guide explains how	to complete this form.	To 51 15 (511)		- 1	
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 14/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	œ.	4,459.0	14	
ISSUER	see pi	revious	CHARGED TO A CREDIT	- "	4,433.0	<i>7</i> 4	
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$25.94	01/30/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			P. O. Box 81226				
	Amazon. Com						
			Seattle, WA 98108				
8 PURPOSE OF	(a) Category	601	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Promoting Literacy Progra	am			
X Political		al Exponed					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$136.90	02/12/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	A 1-1 - A		345 Park Ave.				
	Adobe Acropo Syst	ems					
			San Jose, CA 95110-270	4			
PURPOSE OF	(a) Category	-falcildul-V	(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software				
X Political		<u>-</u>					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$540.00	02/12/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			548 Market Street, #3541	.0			
	Grammarly, Inc.						
			San Francisco, CA 94104	ļ.			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohod: 1-1	(b) Description				
EXPENDITURE	Office Overhead/Rent		Subscription				
X Political	2						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	,		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	sion Filers)
Sch: 15/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$	4,459.0)4
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$47.00	02/12/2024				
7 PAYEE	(a) Payee name Circle K		(b) Payee address; 4418 Hwy359	City,	State,	Zip Code
			Laredo, TX 78043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Transportation Equipr	·	Gasoline			
X Political	Expense					
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	n, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH	() 4 () 4	[(1) D ((1)	1() 5 (() 6 () 1 () 1	5 .1		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$72.46	02/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	FedEx Freight		P. O. Box 10306			
			Palatine , IL 60055-03	06		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Shipping			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austir	ı, TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$204.50	02/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Lisa diisa sus Oloib		221 W. 6th St., Ste. 21	L00		
	Headliners Club					
			Austin, TX 78767			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
l <u> </u>	Food/Beverage Exper	,	Luncheon			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 16/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$408.66	02/12/2024						
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Headliners Club		221 W. 6	th St., Ste. 2100				
			Austin, TX 78767					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Food/Beverage Expe		Stall lulic	neon				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge								
PAYMENT	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$49.79	02/12/2024						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	7-Eleven		4040 S. L	amar Blvd.				
			Austin, T	X 78704				
PURPOSE OF	(a) Category	of this cabadula)	(b) Descrip	ition				
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Gasoline					
Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$195.11	02/12/2024						
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
			20 North	IH-35				
	Holiday Inn Austin	Townlake						
			Austin, T	X 78701				
PURPOSE OF	of this cahadula)	(b) Descrip						
EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)	Staff lodg	ing				
I <u>=</u>								
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 17/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDICARD	\$	4,459.0	04			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$30.10	02/12/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Moreno's Kwik Stop)	3601 Jaime Zapata Men	norial Hwy.					
			Laredo, TX 78043						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Transportation Equipr Expense	,	Gasoline						
			Check if Austin, T	X, officeholder living ex	pense				
9 Complete ONLY if direct				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$23.00	02/12/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Go Carwash		1919 Guadalupe St.						
			Laredo, TX 78043						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Vehicle maintenance						
Non-Political		of Texas. Complete Schedule T.	Chack if Austin T	X, officeholder living ex	nence				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	pense				
expenditure to benefit C/OH			g						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid					
	\$325.00	02/12/2024							
DAVEE			(1) 5	0':	<u> </u>				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	The Texas Tribune		823 Congress Ave., Suit	te 210					
			Austin TV 70701						
PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscription						
X Political	Office Overhead/Rental Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	hedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
· · · · · · · · · · · · · · · · · · ·		·	<u></u>	<u></u>		· <u></u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		,	,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 18/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$290.16	02/12/2024					
7 PAYEE	(a) Payee name Holiday Inn Austin	Townlake	(b) Payee address; 20 North IH-35	City,	State,	Zip Code	
			Austin, TX 78701				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
EXPENDITURE	Travel In District	of this scriedule)	Staff lodging				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$617.40	02/12/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
	LBJ Museum of Sa	n Marcos	P. O. Box 3				
			San Marcos, TX 78666				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Sponsorship				
X Political	Contributions/Donation Candidate/Officeholde						
Non-Political	—	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$40.00	02/12/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
			4317 San Bernardo Ave.				
	South Texas Car W	/ash					
			Laredo, TX 78041				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	,	Vehicle maintenance				
X Political	Transportation Equipr Expense	nent And Related					
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 19/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	[·] Paid			
		\$146.95	02/12/2024						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Verizon Wireless		P.O. Box					
Ļ		(a) Oata war		Dallas, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion telephone/intern	ot convice for a	office hold	lor	
	X Political	Office Overhead/Rent		campaigr		et service for t	niice noid	lei	
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuers									
					Credit Card Issue	Paid			
\$172.92 02/12/2024									
	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code		
		AT&T Mobility		P.O. Box	6463				
					eam, IL 60197				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip			· ·		
	X Political	Office Overhead/Rent		Wireless telephone/internet service for office holder campaign work				ler	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid			
		\$5.40	02/29/2024						
Г	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
		A		P. O. Box	81226				
		Amazon. Com							
L					VA 98108				
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Promoting Literacy Proc									
		Office Overhead/Rent	*	Promoting	g Literacy Progra	um			
	X Political								
L	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH				e sougnt		Office held			
F	Aponditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)		
Sch: 20/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$9.19	02/29/2024							
7 PAYEE	(a) Payee name Apple Company Sto	ore	(b) Payee 1 Infinite		City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Descrip						
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Software	, and a					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living e	xpense			
9 Complete ONLY if direct				Office held					
expenditure to benefit C/OH									
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue				er Paid					
	\$2.54	02/29/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Apple Company Sto	ore	1 Infinite	Loop					
				o, CA 95014					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	tion					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	I, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$8.65	02/29/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Amazon. Com		P. O. Box	k 81226					
	Amazon. Com								
Seattle, WA 98									
EXPENDITURE	PURPOSE OF (a) Category (b) Description EXPENDITURE (c) Categories listed at the top of this schedule) Promoting Literacy Program				am				
X Political	Office Overhead/Ren	tal Expense	1 1011101111	g Eneracy Frogr	um				
Non-Political	Division Baltitud			Chook if A	officeholder !! de-	vnonce			
				Cneck if Austin, TX	Office held	xpense			
expenditure to benefit C/OH	· —				Cinico ficiu				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 21/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$607.76	02/29/2024					
7	PAYEE	(a) Payee name Flovery		(b) Payee a		City,	State,	Zip Code
					NA 98057			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip	otion			
	X Political	Office Overhead/Reni		Flowers				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	· · · · · · · · · · · · · · · · · · ·				Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$18.39	02/29/2024					
	PAYEE (a) Payee name (b) Payee address;				address;	City,	State,	Zip Code
		Adobe Acropo Syst	ems	345 Park	Ave.			
				San Jose	e, CA 95110-2704	4		
Г	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Software				
	x Political	Office Overflead/Neth	tai Experise					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	TATMENT	\$10.81	02/29/2024	(c) Batc(s)	Orean Gara 155aci	T ala		
L								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Amazon. Com		P. O. Box	¢ 81226			
		,		Coottle	MA 00100			
⊢	PURPOSE OF	(a) Category		(b) Descrip	VA 98108			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	' '	g Literacy Progra	am		
	X Political	Office Overhead/Ren	tal Expense		5			
	Non-Political	Divini Palitical			Chack if Austin TV	officeholder living exp	nance	
(8)				e sought	CHECK II AUSUII, TX,	Office held	JE113C	
expenditure to benefit C/OH				-				
H		l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commis	sion Filers)		
	Sch: 22/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	4,459.0	04		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$162.38	02/29/2024							
7	PAYEE	(a) Payee name Westbank Flower N	1arket	(b) Payee 3535 Bee Austin, T	e Cave Rd.	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Flowers	34011					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	rpense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH										
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue				er Paid					
		\$1,368.15	02/29/2024							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		American Express		P.O. Box	650448					
L				Dallas, T						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	(, officeholder living ex	rpense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$2.15	02/29/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
l		Apple Company St	aro.	1 Infinite	Loop					
		Apple Company Sto	ore .							
L					o, CA 95014					
			(b) Descrip							
		Office Overhead/Rent		QR Read	ICI					
1	X Political									
\vdash	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX	C, officeholder living ex	rpense			
 	Complete ONLY if direct expenditure to benefit C/OH					Office held				
F	Appenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	•	ruction Guide explains how		THER (enter a category	/ not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 23/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$18.25	03/13/2024					
7 PAYEE	(a) Payee name 7-Eleven		(b) Payee address; 4040 S. Lamar Blvd.	City,	State,	Zip Code	
	() 0 :		Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Transportation Equipr		Gasoline				
X Political	Expense		To Charlett Austin TV off subsides him account				
Non-Political	· · · —	of Texas. Complete Schedule T.		Office hold	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onice	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Daid			
FAIWLIN	\$746.93	03/13/2024	(b) Date(3) Great Gard 13535.	Faiu			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Texas Capital Gift S	Shop	1400 Congress Ave. Ste E	Ξ. 1.0006			
21122005 05	(a) Cotogony		Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Legislative gifts				
X Political	Gift/Awards/Memorial	s Expense	Legisiative gitts				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$39.99	03/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	The Finish Line Car	r Wash	2900 Bee Caves Rd.				
			Austin, TX 78746				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description				
Transportation Equipment And Related Expense			Vehicle maintenance				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(3	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commis	sion Filers)
	Sch: 24/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$41.41	03/13/2024					
7	PAYEE	(a) Payee name Shell Westlake Auto	o Care	(b) Payee 98 Red E	Bud Trail	City,	State,	Zip Code
Ļ	DUDDOCE OF	(a) Catagony		Austin, T (b) Descrip				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Gasoline				
	X Political	Transportation Equipr Expense	ment And Related	Casomic				
	Non-Political	- <u>-</u>	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living exp	pense	
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue				r Paid			
		\$489.00	03/13/2024					
PAYEE (a) Payee name				(b) Payee	address;	City,	State,	Zip Code
		Store It All Self Stor	rage Del Norte	5115 Sar	n Francisco Aven	iue		
					ΓX 78041			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion			
	X Political	Office Overhead/Rent		Storage				
	Non-Political	(a) Charle if traval autoida	of Toyon, Complete Cabadyla T		Charle if Austin TV	officeholder living ex		
┝	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck ii Austiri, 1X,	Office held	pense	
e	expenditure to benefit C/OH			g				
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$173.00	03/13/2024					
Г	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
		Store It All Storage	- Townlake-	1234 Tov	vnlake Dr.			
				Laredo,	ΓX 78041			
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Descrip	otion			
	EXPENDITURE	Office Overhead/Rent		Storage				
	X Political		,					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
				e sought		Office held		
E	expenditure to benefit C/OH							
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.		.,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 25/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$54.11	03/13/2024							
7 PAYEE	(a) Payee name Moreno's Kwik Stop	י	(b) Payee ad 3601 Jaim	ddress; e Zapata Memc	City, orial Hwy.	State,	Zip Code		
			Laredo, TX 78043						
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this calcadula)	(b) Descripti	ion					
EXPENDITURE	Transportation Equipr		Gasoline						
X Political	Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge			1/25 / /24						
PAYMENT			(c) Date(s) C	Credit Card Issuer	Paid				
	\$167.43	03/13/2024							
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code		
	Holiday Inn Austin ⁻	Townlake	20 North 1	H-35					
			Austin, TX	78701					
PURPOSE OF	(a) Category		(b) Descripti						
EXPENDITURE X Political	(See Categories listed at the top Travel In District	of this schedule)	Staff lodgir	ng					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	⁻ Paid				
	\$147.00	03/13/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	No de la Maria de la Carta de		P.O. Box	75226					
	Verizon Wireless								
			Dallas, TX						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti						
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			campaign	elephone/interne work	et service for o	mice noid	er		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 26/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$46.92	03/13/2024					
7	PAYEE	(a) Payee name Circle K		(b) Payee 4418 Hw		City,	State,	Zip Code
L				Laredo,	TX 78043			
8	PURPOSE OF	(a) Category	-f.4b-i	(b) Descri	•			
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	· ·	Gasoline	2			
	X Political	Expense						
				Check if Austin, TX,	officeholder living exp	ense		
9 ا	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Cred			Crodit Card Issued	r Daid				
	PATMENT	\$19.00	03/13/2024	(c) Date(s) Credit Card Issue	Palu		
PAYEE (a) Payee name			L	(b) Payee	address;	City,	State,	Zip Code
		Go Carwash		1919 Gu	adalupe St.			
				Laredo,	TX 78043			
	PURPOSE OF	(a) Category	-£4b:bd:d-\	(b) Descri	•			
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Vehicle r	naintenance			
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$209.10	04/01/2024					
Г	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Davek Accessories	Inc	115 Wes	t 30th Street Ste.	1205		
		Daver Accessures	mo.	NewYe	L NIV 10001			
┝	PURPOSE OF	(a) Category		(b) Descri	k , NY 10001			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Office su	•			
	X Political	Office Overhead/Rent	tal Expense	7.1100 30				
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	edule T. Check if Austin, TX, officeholder living expense				
(8)			e sought	Cricci ii Austin, TX,	Office held			
expenditure to benefit C/OH				J				
Н		1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 27/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$62.24	03/13/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Chevron		2710 Bee	e Caves Rd.			
L				Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Transportation Equip		Gasoline				
	X Political	Expense						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH				Office held			
۲	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu			Crodit Card Issue	r Daid			
	PATMENT	\$32.43	03/13/2024	(c) Dale(s)	Credit Card Issue	i Paiu		
PAYEE (a) Payee name				(b) Payee	address;	City,	State,	Zip Code
		Amazon. Com		P. O. Box	x 81226			
				Seattle, \	WA 98108			
Г	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Supplies				
	X Political	omee overnead/rem	tai Experise					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
<u>ر</u>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
					, cream can a necaci			
		\$41.53	03/13/2024					
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				P. O. Box	x 10306	•		·
		FedEx Freight						
				Palatine	, IL 60055-0306			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip				
	EXPENDITURE	Office Overhead/Ren		Shipping				
	X Political		•					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 28/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$29.97	03/13/2024					
7 PAYEE	(a) Payee name Wal-Mart		(b) Payee 2615 NE	address; Bob Bullock Loo	City, p	State,	Zip Code
	- Var Marc		Lorodo	TV 7004E			
8 PURPOSE OF	(a) Category		Laredo, 7 (b) Descrip				
EXPENDITURE	(See Categories listed at the top		Supplies	511011			
X Political	Office Overhead/Ren	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$27.46	03/13/2024					
PAYEE	(a) Payee name	·	(b) Payee	address;	City,	State,	Zip Code
	Moreno's Kwik Stop	0	3601 Jair	me Zapata Memo	orial Hwy.		
			Laredo, 1	ΓX 78043			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Gasoline				
X Political	Transportation Equipore Expense	Herit And Related					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) Amazinat Chanciad	(h) Data of Charge	(a) Data(a)	Cuadit Caud Issues	- Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Pald		
	\$136.90	03/13/2024					
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
	Adobe Acropo Syst	ame	345 Park	Ave.			
	Adobe Acropo Syst	cins	Can loos	CA 05110 270	4		
PURPOSE OF	(a) Category		(b) Descrip	e, CA 95110-2704	4		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Software				
X Political	Office Overhead/Ren	tal Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin TX	officeholder living ex	knense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH			J				
	1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
;	Sch: 29/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
	CREDIT CARD SSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$23.89	03/13/2024					
7	PAYEE	(a) Payee name Shell Westlake Auto	o Care	(b) Payee 98 Red E	Bud Trail	City,	State,	Zip Code
_	DUDDOCE OF	(a) Catagony		Austin, T (b) Descrip				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Gasoline				
	X Political	Transportation Equip	ment And Related	Casoniic				
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living ex	nense	
9 (Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Cricck ii Austiri, 17,	Office held	perise	
	penditure to benefit C/OH			.				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$163.91	03/13/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Holiday Inn Austin ⁻	Townlake	20 North	IH-35			
				Austin, T	X 78701			
	PURPOSE OF	(a) Category	of this cabadula)	(b) Descrip				
	EXPENDITURE X Political	(See Categories listed at the top Travel In District	or this scriedule)	Staff lodg	ging			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
 	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	·	
ex	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$23.00	03/13/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Go Carwash		1919 Gu	adalupe St.			
				Laredo,	ΓX 78043			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Transportation Equipment	•	Vehicle n	naintenance			
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	penditure to benefit C/OH							
l								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 30/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0	04
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$97.00	03/13/2024				
7 PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code
	National Federation	of Press	200 Little Falls Street			
			Falls Church, VA 22046			
8 PURPOSE OF	(a) Category	of this color duty.	(b) Description			
EXPENDITURE	(See Categories listed at the top	or this schedule)	Dues			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$172.92	03/13/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
	AT&T Mobility		P.O. Box 6463			
			Carol Stream, IL 60197			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Wireless telephone/intern	et service for o	ffice hold	ler
X Political	Office Overhead/Rent	lai Expense	campaign work			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	\$332.45	04/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			P.O. Box 8200			
	Sunnyland Farms					
			Albany, GA 31706			
PURPOSE OF	(a) Category	of this cohod: 1-1	(b) Description			
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	•	Legislative gifts			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	ŭ	ruction Guide explains how	to complete		TIEN (elitel a categor	y not listed a	bove)
1	Total pages Schedule F4:		<u> </u>			3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 31/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0)4
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$13.88	04/01/2024					
7	PAYEE	(a) Payee name Apple Company Sto	ore	(b) Payee 1 Infinite	Loop	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descri	o, CA 95014			
°	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Software				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	[·] Paid		
		\$41.12	04/01/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Amazon. Com		P. O. Bo	x 81226			
L					WA 98108			
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Reni		Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuei	Paid		
		\$60.03	04/01/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
l		Amazon. Com		P. O. Bo	x 81226			
		Amazon. Com		Seattle, \	WA 98108			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE —	(See Categories listed at the top Office Overhead/Ren		Promotin	ng Literacy Progra	ım		
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 32/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$409.43	04/01/2024					
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
		Flovery		327 Willia				
Ļ		() 0 :		Renton, V				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Capitol of	tion fice furnishings			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$18.39	04/01/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Adobe Acropo Syst	ems	345 Park	Ave.			
					, CA 95110-270	04		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion			
	X Political	Office Overhead/Rent		Software				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX	K, officeholder living ex	pense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid		
		\$146.39	04/10/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Circle K		4418 Hwy	/359			
		Circle K						
L				Laredo, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Gasoline	tion			
	X Political	Transportation Equipr	ment And Related	Gasonine				
	Non-Political	Expense	,= a	<u> </u>				
\vdash		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	C, officeholder living ex Office held	pense	
_ _	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Office	Sought		Onice Held		
٣	poaitaro to bonont 0/011							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		TIEN (enter a categor	ly flot listed a	bove)
1	Total pages Schedule F4:		<u> </u>	•		3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 33/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0)4
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$580.92	04/10/2024					
7	PAYEE	(a) Payee name Holiday Inn Austin	Townlake	(b) Payee 20 North		City,	State,	Zip Code
L				Austin, T				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Descri	•			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$32.00	04/10/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Chevron		2710 Be	e Caves Rd.			
L				Austin, T				
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Transportation Equipi Expense		Gasoline				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$52.55	04/10/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		7-Eleven		4040 S. I	Lamar Blvd.			
		7-Lieveli		Austin, T	X 78704			
	PURPOSE OF	(a) Category	of this schodule)	(b) Descri	•			
	EXPENDITURE	(See Categories listed at the top Transportation Equipt	•	Gasoline				
	X Political	Expense						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 34/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$71.08	04/10/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Texaco		2400 Expo	sition Blvd			
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on			
X Political	Transportation Equipr		Gasoline				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$125.42	04/10/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Walmart Super Cer	nter	9300 S. In	terstate 35			
			Austin, TX	78748			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	Supplies				
X Political		<u>_</u> ,,poco					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$59.00	04/10/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			4317 San	Bernardo Ave.			
	South Texas Car W	/ash					
			Laredo, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
l <u> </u>	Transportation Equipr	,	Vehicle ma	aintenance			
X Political	Expense						
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,
1 Total page	s Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 35/6	3 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT C ISSUER	ARD		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4
6 PAYMEN	Γ	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$82.10	04/10/2024					
7 PAYEE		(a) Payee name Minuteman Lube			pus Christi Stree	City, t	State,	Zip Code
				Laredo, T				
8 PURPOSI EXPENDI		(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Politi		Transportation Equip	•	Oil Chan	ge			
ı =	Political	Expense	(T. 0 11 01 11 T	<u> </u>		<i></i>		
	ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
	to benefit C/OH	Caradate, Cinceriolaei	That of the state	o oougiit		Office field		
PAYMEN ⁻	Γ	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	⁻ Paid		
		\$147.00	04/10/2024					
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Verizon Wireless		P.O. Box	75226			
				Dallas, T	X 75226			
PURPOSI		(a) Category		(b) Descrip				
EXPENDI X Politi		(See Categories listed at the top Office Overhead/Ren		Wireless campaigr	telephone/interno n work	et service for o	ffice hold	ler
I <u> </u>	Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense	
Complete	ONLY if direct	Candidate/Officeholder	· ·	e sought		Office held		
	to benefit C/OH							
PAYMEN [*]	Γ	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$172.49	04/10/2024					
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		AT&T Mobility		P.O. Box	6463			
		7.1.4.1		Carol Str	eam, IL 60197			
PURPOSI	F OF	(a) Category		(b) Descrip				
EXPENDI		(See Categories listed at the top			telephone/interne	et service for o	office hold	ler
X Politi	cal	Office Overhead/Ren	tal Expense	campaigr				
Non-	Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete	ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
	to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 36/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$1,192.42	04/10/2024					
7	PAYEE	(a) Payee name Texas State History	/ Museum	(b) Payee P. O. Bo	x 12874	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		Austin, T (b) Descri				
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Legislativ				
	X Political	Gift/Awards/Memorial	s Expense	Logiolati	vo giito			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$71.33	04/10/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Moreno's Kwik Stop)	3601 Jai	me Zapata Mem	orial Hwy.		
				Laredo,	TX 78043			
	PURPOSE OF	(a) Category	(II)	(b) Descri	•			
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Vehicle r	maintenance			
	X Political	Expense						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	ense	
€	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$49.02	04/10/2024					
Г	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code
		FodEy Froight		P. O. Bo	x 10306			
		FedEx Freight						
L	DUDDOOF OF	(a) Catagoni			, IL 60055-0306			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
	X Political	Office Overhead/Rent	tal Expense	Shipping				
	Non-Political	(c) Check if traval outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	anca	
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Check if Austin, TX,	Office held	IC1156	
6	expenditure to benefit C/OH		31100					
Н		1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 37/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	4,459.0)4
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$377.62	04/10/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Texas State History	/ Museum	P. O. Box	12874			
			Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category	-f.d-ild-l-)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Legislative	gifts			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$10.90	04/10/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
	Shell		3828 Inters	state 35			
			Austin, TX	78751			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Gasoline				
X Political	Transportation Equipr Expense	neni Anu Reialeu					
Non-Political		of Texas. Complete Schedule T.	Т	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$26.51	04/10/2024					
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
			P.O. Box 8	31226			
	Amazon Market Pla	ace					
			Seattle, W	A 98108			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Supplies				
X Political	onice Overneau/Rein	iai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 38/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$38.61	04/10/2024					
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Stripes		3320 San I	Bernardo Ave.			
L				Laredo, TX	78040			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti	on			
	EXPENDITURE	Transportation Equip		Gasoline				
	X Political	Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$2.15	05/01/2024					
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		Apple Company St	ore	1 Infinite L	оор			
				Cupertino,	CA 95014			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Descripti QR Reade				
	X Political	Office Overhead/Ren	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$2.54	05/01/2024					
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
				1 Infinite L	оор			
		Apple Company St	ore					
				Cupertino,				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descripti				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	*	I-cloud sto	rage			
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

1 Total pages Schedule F4: Sch: 39/63 Rpt: 4 CREDIT CARD ISSUER Name of financial institution see previous A payment (a) Amount Charged \$9.19 (b) Date of Charge 205/01/2024 7 PAYEE (a) Payee name Apple Company Store (a) Category (See Categories listed at the top of this schedule) A proper payment (b) Description See previous 3 Filer ID (Ethics Commis 00020971 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, 1 Infinite Loop Cupertino, CA 95014 (b) Description Software	
A CREDIT CARD ISSUER Name of financial institution See previous See previous (a) Amount Charged \$9.19 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City, State, 1 Infinite Loop Apple Company Store (a) Category (b) Description	
See previous EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$9.19 O5/01/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Apple Company Store (b) Payee address; City, State, 1 Infinite Loop Cupertino, CA 95014 8 PURPOSE OF (a) Category (b) Description	
\$9.19 05/01/2024 7 PAYEE (a) Payee name (b) Payee address; City, State, 1 Infinite Loop Apple Company Store Cupertino, CA 95014 8 PURPOSE OF (a) Category (b) Description	Zip Code
7 PAYEE (a) Payee name (b) Payee address; City, State, 1 Infinite Loop Apple Company Store Cupertino, CA 95014 8 PURPOSE OF (a) Category (b) Description	Zip Code
Apple Company Store Cupertino, CA 95014 8 PURPOSE OF (a) Category (b) Description	Zip Code
8 PURPOSE OF (a) Category (b) Description	
X Political Office Overhead/Rental Expense	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$16.23 05/01/2024	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
Amazon.Prime P. O. Box 81226	
Seattle, WA 98108	
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Promoting Literacy Program	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$18.39 05/01/2024	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
345 Park Ave.	
Adobe Acropo Systems	
San Jose, CA 95110-2704	
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Software	
Office Overhead/Rental Expense	
X Political	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holds	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
CAPETIGITATE TO DETICITE OF OTT	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 40/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$50.04	05/10/2024									
7 PAYEE	(a) Payee name Circle K		(b) Payee a 4418 Hwy		City,	State,	Zip Code				
			Laredo, T								
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript	ion							
EXPENDITURE	Transportation Equipr		Gasoline								
X Political	Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$136.90	05/10/2024									
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Adobe Acropo Syst	ems	345 Park /	Ave.							
			San Jose,	CA 95110-2704	4						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Software								
X Political	Office Overhead/Rent	tal Expense									
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid						
TAIMEN	\$74.48	05/10/2024	(c) Date(s)	orean cara issuer	T did						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
			3310 N. C	apital of Texas I	Highway						
	Shell Austin										
			Austin, TX	78746							
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript	ion							
EXPENDITURE	Transportation Equipr	,	Gasoline								
X Political	Expense										
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)			
	Sch: 41/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	4,459.0)4			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$229.95	05/10/2024								
7	PAYEE	(a) Payee name		(b) Payee	address; e Caves Rd.	City,	State,	Zip Code			
		The Finish Line Ca	r Wash		o caroo ra						
				Austin, T							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip							
	X Political	Transportation Equipr Expense		Vehicle r	naintenance						
	Non-Political	— ' —	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	pense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	-				
€	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$30.80	05/10/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		7-Eleven		4040 S. I	∟amar Blvd.						
				Austin, T	X 78704						
	PURPOSE OF	(a) Category	611	(b) Descrip							
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr		Gasoline							
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Chook if Austin TV	, officeholder living ex	manca				
⊢	Complete ONLY if direct	Candidate/Officeholder		e sought	Crieck ii Austili, 1X	Office held	perise				
e	expenditure to benefit C/OH			9							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$229.95	05/10/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		The Finish Line Ca	r Wash	2900 Bee	e Caves Rd.						
		The Finish Line Ca	vvasii		\ -0-40						
┡	DUDDOOF OF	(a) Catagoni		Austin, T							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` '	naintenance						
	X Political	Transportation Equip	ment And Related	Vernoie	name name						
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	, officeholder living ex	pense				
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held					
e	expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 42/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4
6	PAYMENT	(a) Amount Charged \$209.98	(b) Date of Charge 05/10/2024	(c) Date(s)	Credit Card Issuer	r Paid		
7	PAYEE	(a) Payee name OfficeMax, Inc.		(b) Payee a 907 W 5th	h St., Ste. 101	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH		T a . =	1				
	PAYMENT	(a) Amount Charged \$104.99	(b) Date of Charge 05/10/2024	(c) Date(s)	Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name OfficeMax, Inc.		(b) Payee a 907 W 5th	h St., Ste. 101	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Supplies				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$104.99	(b) Date of Charge 05/10/2024	(c) Date(s)	Credit Card Issuer	r Paid		
	PAYEE	(a) Payee name OfficeMax, Inc.		(b) Payee a 907 W 5th	h St., Ste. 101	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Descrip Supplies	_	officeholder living even	ansa	
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Crieck if Austin, TX,	officeholder living expe	ense	
е	xpenditure to benefit C/OH	Candidate/Onicendidei	Tianic Office	Joughn		Jilioc Helu		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 43/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 4,459.04)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$363.82	05/10/2024						
7 PAYEE	(a) Payee name	•	(b) Payee a	ıddress;	City,	State,	Zip Code	
	Holiday Inn Austin ⁻	Townlake	20 North					
			Austin, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
X Political	Travel In District	,	Staff lodgi	rig				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$173.00	05/10/2024						
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
	Store It All Storage	- Townlake-	1234 Tow	nlake Dr.				
			Laredo, T					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		Storage					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$489.00	05/10/2024						
PAYEE	(a) Payee name	L	(b) Payee a	ıddress;	City,	State,	Zip Code	
		5.11	5115 San	Francisco Aven	ue			
	Store It All Self Store	rage Del Norte						
			Laredo, TX 78041					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript	tion				
	Office Overhead/Rent	,	Storage					
X Political		· 						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
· · · · · · · · · · · · · · · · · · ·								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 44/63 Rpt: Zaffirini, Judith (The Honorable) 00020971 **CREDIT CARD** Name of financial institution **TOTAL OF UNITEMIZED** 4,459.04 **EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 05/10/2024 \$41.33 PAYEE (a) Payee name (b) Payee address; Citv. State. Zip Code P.O. Box 81226 **Amazon Market Place** Seattle, WA 98108 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Supplies Office Overhead/Rental Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$340.91 05/10/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 55 Almaden Blvd., 6th Floor Zoom Video Communications Inc. San Jose, CA 95113 PURPOSE OF (a) Category (b) Description (See Categories listed at the top of this schedule) **EXPENDITURE** Membership renewal Office Overhead/Rental Expense x Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH (b) Date of Charge PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid \$67.40 05/10/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 3320 San Bernardo Ave. Stripes Laredo, TX 78040 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Gasoline Transportation Equipment And Related X Political Expense Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 45/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,459.04			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$15.81	05/10/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Circle K		4418 Hwy359				
			Laredo, TX 78043				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Transportation Equip		Gasoline				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$147.00	05/10/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Verizon Wireless		P.O. Box 75226				
			Dallas, TX 75226				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Wireless telephone/internet service for office holder				
X Political	Office Overhead/Ren	iai Expense	campaign work				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$179.04	05/10/2024					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code			
			2802 N. Arkansas				
	Checkers Quick Lu	be					
			Laredo, TX 78043				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Transportation Equip	•	Vehicle maintenance				
X Political	Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 46/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$170.09	05/10/2024						
7	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code	
		AT&T Mobility		P.O. Box 6					
L		() 0 :			am, IL 60197				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti			:c:		
	X Political	Office Overhead/Rent		campaign		net service for office holder			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$51.42	05/10/2024						
PAYEE (a) Payee name			•	(b) Payee ad	ddress;	City,	State,	Zip Code	
		Moreno's Kwik Stop)	3601 Jaim	e Zapata Memo	orial Hwy.			
				Laredo, TX	78043				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline					
	X Political	Expense	nent / tha related						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$38.91	05/10/2024						
	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
				3312 Santa	a Ursula Ave.				
		Executive Office Su	ipply						
				Laredo, TX	78040				
	PURPOSE OF	(a) Category		(b) Descripti	on				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies					
	X Political	Janes Overneau/Nem	ы широпос						
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.				X, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)					
Sch: 47/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	4,459.0	04					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$12.98	05/10/2024									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon.Prime		P. O. Box 81226								
			Seattle, WA 98108								
8 PURPOSE OF	(a) Category	of this cobodule)	(b) Description								
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Supplies								
X Political		.s <u>_</u> /,ps/.es									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	(, officeholder living ex	pense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$510.65	05/15/2024									
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code					
	Transition Resource	e Action	3108 Live Oak St.								
			Dallas, TX 75204								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
X Political	Contributions/Donatio	ns Made By	Donation								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	(, officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$25.12	05/15/2024									
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
			P. O. Box 81226								
	Amazon.Prime										
			Seattle, WA 98108								
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
EXPENDITURE	Office Overhead/Rent	· ·	Promoting Literacy Progr	am							
X Political		•									
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Au-										
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 48/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$ 4,459.04		04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$13.88	05/15/2024					
7	PAYEE	(a) Payee name Apple Company Sto	ore	(b) Payee 1 Infinite	Loop	City,	State,	Zip Code
L		() 0 :			o, CA 95014			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Office Overhead/Rent		Sollware				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid		
		\$272.79	05/15/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		August Morgan		1513 C. \	W. 6th St			
l				Austin, T	X 78703			
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies				
	X Political		<u>_</u> ,,poee					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$2,181.24	05/15/2024					
H	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
l				2901 Noi	rth IH-35 Ste. 4.1	00		
		University of Texas	Beautification					
L				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Contributions/Donatio	,	Donation				
	X Political		er/Political Committee					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 49/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	4,459.0)4			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$18.39	05/15/2024								
7	PAYEE	(a) Payee name Adobe Acropo Syst	ems	(b) Payee 345 Park		City,	State,	Zip Code			
8	PURPOSE OF	(a) Category		(b) Descrip)4					
°	EXPENDITURE Political	(See Categories listed at the top Office Overhead/Rent		Software	ouon .						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	K, officeholder living	expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$136.90	06/07/2024								
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
		Adobe Acropo Syst	ems	345 Park	Ave.						
				San Jose	, CA 95110-270)4					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip Software	otion						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX	C, officeholder living	expense				
H	Complete ONLY if direct	Candidate/Officeholder		e sought	erreak ii 7 kaasiii, 17	Office held					
e	expenditure to benefit C/OH										
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid					
		\$65.25	06/07/2024								
Г	PAYEE	(a) Payee name	L	(b) Payee	address;	City,	State,	Zip Code			
		7 = 1		4040 S. L	amar Blvd.						
		7-Eleven									
L				Austin, T	X 78704						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion						
1		Transportation Equip	*	Gasoline							
	X Political	Expense									
L	Non-Political	19 E				K, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
Le	expenditure to benefit C/OH										
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 50/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0	04
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$16.23	06/07/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Amazon.Prime		P. O. Box	x 81226			
				Spattle 1	NA 98108			
8	PURPOSE OF	(a) Category		(b) Descrip				
ľ	EXPENDITURE	(See Categories listed at the top		Subscrip				
	X Political	Office Overhead/Rent	tal Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
ε	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$48.53	06/07/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Shell		3828 Inte	erstate 35			
				Austin, T	X 78751			
	PURPOSE OF	(a) Category	(II)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Gasoline				
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
١.	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
۲	PAYMENT PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dato(c)	Credit Card Issue	r Daid		
	PATWENT			(c) Date(s)	Credit Card Issuer	i Faiu		
		\$29.99	06/07/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				2900 Bee	e Caves Rd.			
		The Finish Line Ca	r Wash					
L				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Transportation Equipr	,	venicie r	naintenance			
	X Political	Expense						
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
 	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)				
Sch: 51/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDI	\$	4,459.0)4				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid						
	\$180.18	06/07/2024									
7 PAYEE	(a) Payee name Holiday Inn Austin	Townlake	(b) Payee 20 North		City,	State,	Zip Code				
	Tioliday IIII / lastiii	Towniane	Augtin T	V 70701							
8 PURPOSE OF	(a) Category		Austin, T								
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Staff lodg								
X Political											
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense					
9 Complete ONLY if direct expenditure to benefit C/OH	e sought		Office held								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			or Doid							
PATMENT			(c) Date(s)	Credit Card ISSU	ei Palu						
	\$18.14	06/07/2024									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Exxon Mobil 4795		9703 Ma	rbach Rd							
			San Anto	nio, TX 78245							
PURPOSE OF	(a) Category		(b) Descrip	otion							
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr		Gasoline								
Non-Political	Expense	of Texas. Complete Schedule T.		Chook if Austin T	X, officeholder living	ovnonco					
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Check if Austin, 12	Office held	expense					
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid						
	\$67.23	06/07/2024									
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Shell Westlake Auto	o Care	98 Red B	ud Trail							
	Shell Westlake Aut	o Care	l								
	(a) Oatawari		Austin, T								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	JUUII							
X Political	Transportation Equip	ment And Related									
Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin T	X, officeholder living	exnense					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	CHECK II AUSUII, I	Office held	evhense					
expenditure to benefit C/OH		- 3	9								
	l										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 52/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$86.56	06/07/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Michaels		5510 San Bernardo							
			Laredo, TX 78041							
8 PURPOSE OF	(a) Category	(4)	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Frames							
X Political	- Chies overhead/ivent	tai Experies								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$46.44	06/07/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Moreno's Kwik Stop)	3601 Jaime Zapata Memo	orial Hwy.						
			Laredo, TX 78043							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		Gasoline							
X Political	Transportation Equipr Expense	neni Anu Reialeu								
Non-Political	<u> </u>	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$163.09	06/07/2024								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
			20 North IH-35							
	Holiday Inn Austin	Townlake								
			Austin, TX 78701							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	Staff lodging							
X Political	Traver III DISTIICE									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		TIEN (elitel a categor	y not listed a	bove)	
1	Total pages Schedule F4:		·	•		3 Filer ID (Ethi	cs Commis	sion Filers)	
Ī	Sch: 53/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0)4	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$2,709.71	06/07/2024						
7	PAYEE	(a) Payee name Sam's Club			ırlanwood Rd.	City,	State,	Zip Code	
L					TX 76502				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	•				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$86.58	06/07/2024						
Г	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Michaels		5510 Sai	n Bernardo				
L				Laredo, ⁻	TX 78041				
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ption				
	X Political	Office Overhead/Rent		Frames					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid			
		\$674.39	06/07/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Holiday Inn Austin ⁻	Townlake	20 North	IH-35				
L				Austin, T	X 78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Staff lodging					
	X Political	Travel in District							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F4: Sch: 54/63 Rpt: Zaffirini, Judith (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution see previous 6 PAYMENT (a) Amount Charged \$1,000.00 (b) Date of Charge \$1,000.00 (c) Date(s) Credit Card Issuer Paid	
4 CREDIT CARD ISSUER Name of financial institution see previous See previous CHARGED TO A CREDIT CARD (a) Amount Charged (b) Date of Charge \$1,000.00 See previous (c) Date(s) Credit Card Issuer Paid	04
See previous See previous EXPENDITURES CHARGED TO A CREDIT CARD 6 PAYMENT (a) Amount Charged \$1,000.00 Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	04
\$1,000.00 06/07/2024	
7 DAVEE (1) D	
7 PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
Travis County Democratic Party 1311 E. 6th St., Ste. B	
Austin, TX 78072	
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Contribution	
Contributions/Donations Made By	
Canadidate/Oniceriolate/i onited Committee	
Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$317.44 06/07/2024	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
Palenque Bar & Grill 6999 McPherson	
Laredo, TX 78041	
PURPOSE OF (a) Category (b) Description	
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense Meal expense for Vicki Goodwin	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$59.00 06/07/2024	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
4317 San Bernardo Ave.	
South Texas Car Wash	
Laredo, TX 78041	
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Vehicle maintenance	
Transportation Equipment And Related	
X Political Expense	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holder living expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experiental to belief to order	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica		ruction Guide explains how	· ·	THEN (enter a categor	y not listeu ai	oove)		
1	Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethic	s Commiss	sion Filers)		
Ī	Sch: 55/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971		,		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	4,459.0)4		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$146.89	06/07/2024						
7	PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; P.O. Box 75226	City,	State,	Zip Code		
L				Dallas, TX 75226					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Wireless telephone/intern campaign work	rnet service for office holder				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$39.99	06/07/2024						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	The Finish Line Car Wash		r Wash	2900 Bee Caves Rd.					
				Austin, TX 78746					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Transportation Equipi		(b) Description Vehicle maintenance					
	X Political	Expense							
L	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held				
	PAYMENT	(a) Amount Charged \$64.93	(b) Date of Charge 06/07/2024	(c) Date(s) Credit Card Issue	r Paid				
	DAVEE	(-) D		(h) Davis a status as	0:4	0+-+-	7:- OI-		
l	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Michaels		5510 San Bernardo					
l				Laredo, TX 78041					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni	•	(b) Description Supplies					
1	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Insti	ruction Guide explains how	to complete	this form.				
2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
Zaffirini, Judith (The	e Honorable)			00020971			
		EXPE	NDITURES	\$	4,459.0)4	
(a) Amount Charged	(b) Date of Charge	(c) Date(s	c) Credit Card Issue	r Paid			
\$129.84	06/07/2024						
(a) Payee name Michaels				City,	State,	Zip Code	
(a) Category		1					
		Supplies	3				
office Overflead/Neril	ai Experise						
(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX	, officeholder living ex	rpense		
Candidate/Officeholder	name Offic	e sought	_	Office held			
(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid			
\$380.60	06/07/2024						
(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
Holiday Inn Austin ⁻	Γownlake	20 North	ı IH-35				
		Austin, TX 78701					
	of this schedule)	(b) Description Staff lodging					
Travel In District			3 3				
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	rpense		
Candidate/Officeholder	name Offic	e sought		Office held			
(a) Amount Charged	(h) Date of Charge	(c) Date(s	c) Credit Card Issue	r Paid			
\$634.33	06/07/2024	(c) Date(c	y Orean Oura 1994e	. i did			
(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		20 North	1H-35				
Holiday Inn Austin ⁻	Γownlake						
		Austin, 7	TX 78701				
(a) Category							
l ' -	of this schedule)	Staff lod	ging				
Travel in District							
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	rpense		
Candidate/Officeholder	name Offic	e sought		Office held			
	2 FILER NAME Zaffirini, Judith (The Name of final see pt (a) Amount Charged \$129.84 (a) Payee name Michaels (a) Category (See Categories listed at the top Office Overhead/Rent (c)	Zaffirini, Judith (The Honorable) Name of financial institution see previous (a) Amount Charged \$129.84 (b) Date of Charge \$129.84 (a) Payee name Michaels (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$380.60 (b) Date of Charge \$380.60 (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Holiday Inn Austin Townlake (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$634.33 Officeholder name Holiday Inn Austin Townlake (a) Payee name Holiday Inn Austin Townlake (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Holiday Inn Austin Townlake	Zaffirini, Judith (The Honorable) Name of financial institution See previous (a) Amount Charged \$129.84 (b) Date of Charge (c) Date(s) \$129.84 (d) Payee name Michaels Laredo, (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee S510 Sa Laredo, (b) Descri Supplies (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee 20 North Austin, T (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee 20 North Candidate/Officeholder name Office sought (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (a) Amount Charged (b) Date of Charge (c) Date(s) \$634.33 O6/07/2024 (a) Payee name Holiday Inn Austin Townlake Austin, T (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Payee 20 North Austin, T (a) Category (See Categories listed at the top of this schedule) Travel In District (c) Check if travel outside of Texas. Complete Schedule T.	Name of financial institution see previous	2 FILER NAME Zaffirini, Judith (The Honorable) Name of financial institution see previous (a) Amount Charged \$129.84 (b) Date of Charge \$129.84 (c) Date(s) Credit Card Issuer Paid (d) Payee name Michaels (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, 5510 San Bernardo Laredo, TX 78041 (b) Description Supplies (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (c) Date(s) Credit Card Issuer Paid (d) Amount Charged \$380.60 (d) Date of Charge (e) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (a) Payee name Holiday Inn Austin Townlake (b) Payee address; City, 20 North IH-35 Austin, TX 78701 (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought (b) Description Staff lodging (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, 20 North IH-35 Austin, TX 78701 (b) Description Staff lodging (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Payee name Holiday Inn Austin Townlake Austin, TX 78701 (b) Description Staff lodging Check if Austin, TX, officeholder living experiments at the top of this schedule) Travel In District (b) Check if Inveloutside of Texas. Complete Schedule T. Candidater Check if Inveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living experiments at the top of this schedule) Travel In District (c) Check if Inveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living experiments at the top of this schedule) Tavel In District (d) Check if	2 FILER NAME Zaffirini, Judith (The Honorable) Name of financial institution see previous Name of financial institution see previous Sample of financial institution Sample of financial institution See previous Sample of financial institution See previous Sample of financial institution See previous Sample of the financial institution See previous Sample of Complete Schedule	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 57/63 Rpt:	Zaffirini, Judith (The	e Honorable)		00020971					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,459.04					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$62.08	06/07/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
	Circle K		4418 Hwy359						
			Laredo, TX 78043						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
X Political	Transportation Equipr Expense	•	Gasoline						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$174.28	06/07/2024							
PAYEE	PAYEE (a) Payee name (b) Payee ad			City, State, Zip Code					
	AT&T Mobility		P.O. Box 6463						
			Carol Stream, IL 60197						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Wireless telephone/internet service for office holder						
X Political	omes evenicae, rem	tai Expondo	campaign work						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$32.45	06/07/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code					
	No. In contrast		5510 San Bernardo						
	Michaels								
			Laredo, TX 78041						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description						
	Office Overhead/Rent	•	Supplies						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
I									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete	this form.		,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 58/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$162.29	06/07/2024						
7 PAYEE	(a) Payee name Michaels		(b) Payee 5510 Sa	address; n Bernardo	City,	State,	Zip Code	
				TX 78041				
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descri	•				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Supplies	i				
X Political	onice overnead/iveni	tai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$37.15	06/07/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Exxon Mobil 4795		9703 Ma	ırbach Rd				
			San Antonio, TX 78245					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Gasoline)				
X Political	Transportation Equipr Expense	neni And Related						
Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$13.99	06/07/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code	
			1 ' '	e Caves Rd.	<i>,</i>	,	•	
	Chevron			0 00.700 1.0.				
			Austin, T	X 78746				
PURPOSE OF	(a) Category		(b) Descri					
EXPENDITURE	(See Categories listed at the top	•	Gasoline)				
X Political	Transportation Equipr Expense	ment And Related						
Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	thics Commiss	sion Filers)		
	Sch: 59/63 Rpt:	Zaffirini, Judith (The	e Honorable)				00020971				
4	CREDIT CARD ISSUER		ncial institution revious		OF UNITE DITURES SED TO A		\$	4,459.0)4		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Ca	ırd Issuei	Paid				
		\$49.20	06/07/2024								
7	PAYEE	(a) Payee name		(b) Payee			City,	State,	Zip Code		
		Shell Westlake Auto	o Care	98 Red E							
Ļ		() 0 :		Austin, T							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion						
	X Political	Transportation Equip	ment And Related	Gasonne							
	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.		Check if	Austin, TX,	officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder	·	e sought			Office held	<u> </u>			
	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Ca	ırd Issuei	[·] Paid				
		\$29.97	03/13/2024								
	PAYEE	(a) Payee name		(b) Payee	address;		City,	State,	Zip Code		
		Walmart 5610 San Bernardo		lo							
				Laredo,	X 78041						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip	otion						
	X Political	Office Overhead/Rent		Supplies							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if	Austin, TX,	officeholder living	expense			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Ca	ırd Issuei	Paid				
		\$15.00	01/12/2024								
	PAYEE	(a) Payee name		(b) Payee	address;		City,	State,	Zip Code		
		Go Carwash		1919 Gu	adalupe S	St.					
		Go Garwasii		ļ	->/ 700 40						
┝	DUDDOSE OF	(a) Category		Laredo, 7 (b) Descrip							
1	PURPOSE OF EXPENDITURE	(See Categories listed at the top		. ,		nce					
	X Political		(See Categories listed at the top of this schedule) Transportation Equipment And Related Expanses								
	Non-Political	Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				Austin. TX.	officeholder living	expense			
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>		Office held				
e	expenditure to benefit C/OH			-							
H		1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 60/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0	04	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$54.05	02/12/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Stripes		3320 San	Bernardo Ave.				
			Laredo, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descript	ion				
X Political	Transportation Equipr Expense		Gasoline					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$816.00	02/12/2024						
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code	
	National Federation	n of Press	200 Little	Falls Street				
			Falls Chur	rch, VA 22046				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Entry fees					
X Political	Fees							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$55.80	01/12/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			1455 Marl	ket St. # 400				
	Uber Technologies	s, Inc						
			San Franc	cisco, CA 94103				
PURPOSE OF	(a) Category	of this colored (Is)	(b) Descript					
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· ·	Delivery fe	ees				
X Political	.5. 45.							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 61/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	4,459.0)4	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$31.57	03/13/2024						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Uber Technologies	s, Inc	1455 Mark	ket St. # 400				
				isco, CA 94103				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
X Political	Food/Beverage Exper		Delivery fe	ees				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$52.64	04/10/2024						
PAYEE	PAYEE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code	
	Uber Technologies	s, Inc	1455 Mark	ket St. # 400				
				isco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Expe		Delivery fe	ees				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$41.00	05/10/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
			1455 Mark	cet St. # 400				
	Uber Technologies	s, Inc						
			San Franc	isco, CA 94103				
PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	,	Delivery fe	ees				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 62/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	4,459.0)4
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$44.10	06/07/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Uber Technologies	s, Inc		et St. # 400			
	() 0 :			isco, CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Delivery fe				
X Political	Food/Beverage Expe		Delivery le	.c.s			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$33.41	06/07/2024					
PAYEE (a) Payee name (b)			(b) Payee a	ddress;	City,	State,	Zip Code
	Uber Technologies	s, Inc	1455 Mark	tet St. # 400			
				isco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description Delivery fees				
X Political	1 000/Deverage Exper	1130					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$15.50	06/07/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			1455 Mark	et St. # 400			
	Uber Technologies	s, Inc					
			San Franc	isco, CA 94103			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti				
EXPENDITURE	Food/Beverage Exper	*	Delivery fe	es			
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 63/63 Rpt:	Zaffirini, Judith (The	e Honorable)			00020971				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDI	\$	4,459.0	04		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$29.84	06/07/2024							
7	PAYEE	(a) Payee name Uber Technologies	s, Inc		ket St. # 400	City,	State,	Zip Code		
Ļ	DUDDOCE OF	(a) Category		(b) Descrip	cisco, CA 94103	3				
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Exper		Delivery f						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$9.98	03/13/2024							
	PAYEE (a) Payee name			(b) Payee a	address;	City,	State,	Zip Code		
		Uber Technologies	s, Inc	1455 Mar	ket St. # 400					
				San Fran	cisco, CA 94103	3				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Delivery Fees						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	., officeholder living exp	ense			
┝	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$30.98	(b) Date of Charge 06/07/2024	(c) Date(s)	Credit Card Issue	er Paid				
	PAYEE	(a) Payee name Uber Technologies	s, Inc	(b) Payee address; 1455 Market St. # 400 San Francisco, CA 94103		City,	State,	Zip Code		
Г	PURPOSE OF	(a) Category		(b) Descrip	tion					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Delivery f	ees					
	X Political	i oourbeveraye Expe	noc							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>. </u>	Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									

	The Instru	cti	on Guide explains how to complete this form.	1			ages Schedule K: /5 Rpt: 121/125	
2	FILER NAME			3			(Ethics Commission	n Filers)
	Zaffirini, Jud	ith	(The Honorable)		000	0209	971	
4	Date 01/12/2024	6	Name of person from whom amount is received American Express Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$925.84
			Dallas, TX 75265					
		7	Purpose for which amount is received Check Refund	k if polition	cal c	ontri	ibution returned to file	ſ
	Date		Name of person from whom amount is received				Amount (\$)	
	01/12/2024		American Express					\$29.20
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75265					
		L		l, if politi	001.0	ontri	ibution returned to file	
			Refund	к іі роііці	cai c	ontri	ibution returned to file	
	Data					1	Λ 200 0 1 100 t (Φ)	
	Date 01/01/2024		Name of person from whom amount is received American Express				Amount (\$)	\$29.68
	01/01/2024	ļ	Address of person from whom amount is received; City; State; Zip Code					Ψ29.00
			Address of person from whom amount is received. City, State, Zip Code					
			Dallas, TX 75265					
				k if polition	cal c	ontri	ibution returned to file	r
			Refund					
	Date		Name of person from whom amount is received				Amount (\$)	
	01/01/2024	ļ	American Express					\$896.16
			Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75265					
			Purpose for which amount is received	k if polition	cal c	ontri	ibution returned to file	r
			Refund					
	Date		Name of person from whom amount is received				Amount (\$)	
	03/13/2024	<u> </u>	American Express]		\$132.00
			Address of person from whom amount is received; City; State; Zip Code					
			Dallas, TX 75265					
				k if polition	cal c	ontri	ibution returned to file	r
			Refund	•				
		•						

	The Instru	cti	on Guide explains how to complete this form.	1			ages Schedule K:			
_							5 Rpt: 122/125			
2	FILER NAME		(The Honorable)	3		er ID	•	on Filers)		
_			· · · · · · · · · · · · · · · · · · ·		000	00020971				
4	Date	5	Name of person from whom amount is received				8 Amount (\$)	ቀ ሰባር ሰን		
	01/11/2024	ļ. <u>.</u>	Guerrero, Gilberto					\$986.02		
		6	Address of person from whom amount is received; City; State; Zip Code							
			Laredo, TX 78041							
		7		r if politic	ral c	ontri	bution returned to fi	lor		
		ľ	Travel Reimbursement	t ii poiitii	cai c	OHUH	button returned to it	ici		
		\vdash				_				
	Date		Name of person from whom amount is received				Amount (\$)	Ф10Г 11		
	02/05/2024	ļ	Guerrero, Gilberto					\$195.11		
			Address of person from whom amount is received; City; State; Zip Code							
			Laredo, TX 78041							
		\vdash		r if politic	ral c	ontri	bution returned to fi	lor		
			Travel Reimbursement	c ii poiiti	Jai C	Ontin	bation retained to in	ici		
	Data	╁				1	A 222 0 1 124 (A)			
	Date 03/05/2024		Name of person from whom amount is received Guerrero, Gilberto				Amount (\$)	\$686.00		
	03/03/2024	ļ						Φ000.00		
			Address of person from whom amount is received; City; State; Zip Code							
		l	Laredo, TX 78041							
		H	Purpose for which amount is received	if polition	cal c	ontri	bution returned to fi	ler		
			Travel reimbursement							
	Date	Ħ	Name of person from whom amount is received				Amount (\$)			
	05/02/2024		Guerrero, Gilberto				.,	\$165.77		
		ļ	Address of person from whom amount is received; City; State; Zip Code							
			Laredo, TX 78041							
		Г	Purpose for which amount is received	if polition	cal c	ontri	bution returned to fi	ler		
			Travel Reimbursement							
	Date	Ħ	Name of person from whom amount is received				Amount (\$)			
	05/13/2024		Guerrero, Gilberto					\$917.33		
		ļ	Address of person from whom amount is received; City; State; Zip Code							
		L	Laredo, TX 78041							
			——————————————————————————————————————	if polition	cal c	ontri	bution returned to fi	ler		
			Travel Reimbursement		_	_				

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	The Instru	cti	on Guide explains how to complete this form.		1		•	ages Schedule K: /5 Rpt: 123/125	
2	FILER NAME				3	File	er ID	(Ethics Commission F	ilers)
	Zaffirini, Jud	ith	(The Honorable)			00	0209	971	
4	Date 05/22/2024	6	Name of person from whom amount is received Guerrero, Gilberto Address of person from whom amount is received; City; State; Zip Code					8 Amount (\$) \$1	,362.71
			Laredo, TX 78041						
		7	Purpose for which amount is received	Check if po	olitio	cal (contri	ibution returned to filer	
			Travel reimbursement	<u> </u>					
	Date	Ħ	Name of person from whom amount is received				Ī	Amount (\$)	
	01/31/2024		Texas Community Bank						\$85.54
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78042						
			Purpose for which amount is received	Check if po	olitio	cal (contri	ibution returned to filer	
			Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	02/29/2024	ļ	Texas Community Bank						\$76.42
			Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78042						
		H	Purpose for which amount is received	Check if po	olitio	cal (contri	ibution returned to filer	
			Interest	_					
	Date	T	Name of person from whom amount is received					Amount (\$)	
	03/31/2024		Texas Community Bank						\$80.79
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			Lauredo, TV 70042						
		┝	Laredo, TX 78042	7 011-14	. 1141			ila di sa	
			Purpose for which amount is received Interest	_ Cneck if po	OIITIC	cai	contri	ibution returned to filer	
_	Data	는						Amount (t)	
	Date 04/30/2024		Name of person from whom amount is received Texas Community Bank					Amount (\$)	\$77.55
	0-1/00/202-1	ļ	Address of person from whom amount is received; City; State; Zip Code						Ψ11.00
			Address of person from whom amount is received, City, State, 21p Code						
			Laredo, TX 78042						
			Purpose for which amount is received	Check if po	olitio	cal (contri	ibution returned to filer	
			Interest						

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 4/5 Rpt: 124/125
2	FILER NAME					O (Ethics Commission Filers)
	Zaffirini, Judith (The Honorable) 00020			0971		
4	Date 05/30/2024	6	Name of person from whom amount is received Texas Community Bank Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) \$87.30
			Laredo, TX 78042			
		7	Purpose for which amount is received Chec	ck if politic	al con	tribution returned to filer
			Interest			
	Date	Ė	Name of person from whom amount is received			Amount (\$)
	06/30/2024		Texas Community Bank			\$720.70
		ļ	Address of person from whom amount is received; City; State; Zip Code			"
			Laredo, TX 78042			
			Purpose for which amount is received	ck if politic	al con	tribution returned to filer
			Interest			
	Date		Name of person from whom amount is received			Amount (\$)
	06/30/2024		Texas Community Bank			\$79.35
		ļ	Address of person from whom amount is received; City; State; Zip Code			"]
			Larada TV 79042			
		┝	Laredo, TX 78042 Purpose for which amount is received Chec	al. if maliki		tribution not more to file.
			Interest	ск іі роііці	ai con	tribution returned to filer
	D-1-	\vdash				A
	Date 06/07/2024		Name of person from whom amount is received			Amount (\$) \$14.02
	06/07/2024	ļ	Texas Tag			- Φ14.02
			Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78754			
		H	Purpose for which amount is received Chec	ck if politic	al con	tribution returned to filer
			Refund	·		
	Date	T	Name of person from whom amount is received			Amount (\$)
	03/13/2024		Zaffirini, Judith			\$564.00
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Laredo, TX 78040			
				ck if polition	al con	tribution returned to filer
L			Travel reimbursement			

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 5/5 Rpt: 125/125
2	FILER NAME		3	Filer I	D (Ethics Commission Filers)
	Zaffirini, Jud	ffirini, Judith (The Honorable) 00020			0971
4	Date	5 Name of person from whom amount is received	-		8 Amount (\$)
	03/18/2024	Zaffirini, Judith			\$681.50
		6 Address of person from whom amount is received: City; State; Zip Code			
		Laredo, TX 78040			
		7 Purpose for which amount is received Check if p	olitio	cal con	tribution returned to filer
		Travel Reimbursement			
=	Date	Name of person from whom amount is received			Amount (\$)
	04/10/2024	Zaffirini, Judith			\$564.00
	04/10/2024				
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
		_	oliti	cal con	I tribution returned to filer
		Travel reimbursement	Ontio	cai coi	unbution returned to mer
					T
	Date	Name of person from whom amount is received			Amount (\$)
	04/24/2024	Zaffirini, Judith			\$423.00
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
			oliti	cal con	I tribution returned to filer
		Travel reimbursement	Onti	cai coi	uribation retarried to liler
					T
	Date	Name of person from whom amount is received			Amount (\$)
	05/14/2024	Zaffirini, Judith			\$987.00
		Address of person from whom amount is received; City; State; Zip Code			
		Laredo, TX 78040			
			- 1141	1	Aniharkian natuma ad ta Elan
		Travel Reimbursement	OIILIO	cai con	tribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	06/30/2024	Zaffirini Communications			\$5,000.00
		Address of person from whom amount is received; City; State; Zip Code			
		Laureda TV 70040			
		Laredo, TX 78042			<u> </u>
			olitio	cal con	tribution returned to filer
		Contract labor reimbursement for Capitol office furnishings			
ı					