

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00067768		2 Total pages filed: 67		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Emilio F.	MI MI	Date Received <b>ELECTRONICALLY FILED</b> 01/17/2024	
	NICKNAME Mano	LAST DeAyala	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023		

6 EXPLANATION OF CORRECTION  
Report is amended to correct an input keying error for the balance of loan principal to 60K. The original report filed reflected 40K due to human error.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Emilio F. DeAyala

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00067768	<b>2 Total pages filed:</b> 67	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST Emilio F.	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 01/17/2024
	NICKNAME Mano	LAST DeAyala	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 12335 Kingsride Lane #416  Houston, TX 77024		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST Mike	MI	
	NICKNAME	LAST Moody	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23033 Grand Circle Blvd Suite 200  Katy, TX 77449			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (713)	PHONE NUMBER 346-0182	EXTENSION	
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 07/01/2023	THROUGH	Month    Day    Year 12/31/2023	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative District 133		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 133	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** DeAyala, Emilio F. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00067768

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Texas Alliance for Life PAC
	COMMITTEE ADDRESS	8000 Centre Park Drive Suite 380
		Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4505 Corazon Cove
		Round Rock, TX 78681

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 279,154.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 238,176.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 174,413.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 60,000.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Emilio F. DeAyala

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> DeAyala, Emilio F. (The Honorable)		<b>19 Filer ID</b> 00067768	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	237,500.60
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	41,654.39
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	238,176.70
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/25 Rpt: 5/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abney, Will <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive		<b>9</b> Employer (See Instructions) Plains All American
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alford, Joan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Catherine <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associated General Contractors - Texas Building Branch <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baum, Alan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/25 Rpt: 6/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bechtol, Carter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Investments		<b>9</b> Employer (See Instructions) Roan Residential
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birdwell, Steven <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Iron Horse Terminals LLC
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breed, J. Carter <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$1,041.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) NewTrust Real Estate
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Susan W. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Alsoft

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/25 Rpt: 7/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown Jr., Harvey G. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Lanier Law Firm
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buckley, Brad <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkett, Sheree <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkett, Sheree <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burrow, Harry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/25 Rpt: 8/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bybee, Dean Bigby <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Best efforts		<b>9</b> Employer (See Instructions) Best efforts
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calpine Corporation PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cammack & Strong P.C. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clay III, Albert W. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clinton, Dan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/25 Rpt: 9/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cokinos, Gregory	<b>7</b> Amount of Contribution (\$) \$2,602.54
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Cokinos Young
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comiskey, Frank	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77257		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Matthew	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuenod, Ronald P.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Huston, TX 77057		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dade Phelan Campaign	Amount of Contribution (\$) \$15,000.00
Contributor address; City; State; Zip Code  Austin, TX 78763		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/25 Rpt: 10/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeGeorge, Greg <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Self
Date 11/02/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: #C00782292 ) DentaQuest PAC <hr/> Contributor address; City; State; Zip Code  Boston, MA 02129	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dippel, Colleen <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Education Administrator		Employer (See Instructions) Families Empowered
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dusek, Kenneth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elliott, Joe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Walker Elliott, LP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/25 Rpt: 11/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Roger <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garver, Mike <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) BRH-Garver
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Rene <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George, Tog <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/25 Rpt: 12/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 08/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Tog <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Allyson <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Mortgage banker		Employer (See Instructions) Crosscountry
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hachtman, Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$2,602.50
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 48forty
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrove, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Gulfstar Group
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harter, Steve <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Financial		Employer (See Instructions) Notre Capital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/25 Rpt: 13/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henson, Jane Cowper <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Thad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Calpine
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holsworth, Amy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Estes Law Firm
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hord, Dan <hr/> Contributor address; City; State; Zip Code  Midland, TX 79702	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Hedloc Investments
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Apartment Association Political Action Committee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/25 Rpt: 14/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Pilots PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Deer Park, TX 77536	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Police Officers' Union PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Evan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77255	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Ginger <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hye, Afifa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Beauty Advisor		Employer (See Instructions) Walgreens

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/25 Rpt: 15/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iglesias, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Iglesias Law Firm
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joyce, Jeff <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Joyce + McFarland LLP
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juarez, Lenin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Action Gypsum
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Roman <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lamb, Jennifer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) AXYS Industrial Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/25 Rpt: 16/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landrum, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawhon, Susan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee A. Woods Political Action Committee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liggett, Jeffrey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindley, Robin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Buck Keenan LLP



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/25 Rpt: 17/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Littwitz, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$26.03
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Sole Employer
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke Lord LLP <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madden, Steve <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$20,820.32
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Ashburn
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Madden, Steven <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$50,000.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Apex Heritage Group
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mafrige, Sophia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/25 Rpt: 18/67
2 FILER NAME DeAyala, Emilio F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067768
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Daniel	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77079	
8 Principal occupation / Job title (See Instructions) Senior Vice President of Manufacturing		9 Employer (See Instructions) TechnipFMC
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Susan	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baker Donelson
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNair Jr., R Cary	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) McNair Interest
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moger, Sandie	Amount of Contribution (\$)  \$104.10
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) MogerMedia
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moody, John	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Parkside Capital

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/25 Rpt: 19/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moody III, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$)  \$1,041.02
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Moody Rambin
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muschalik, Jim <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Bruce <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Bruce F. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norton, Calvin V. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Best Efforts		Employer (See Instructions) Best Efforts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/25 Rpt: 20/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Shell, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Surgeon		<b>9</b> Employer (See Instructions) Self
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oldham, Dudley <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Othon, Blanca <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pappas, Dean <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paton, Adana <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 17/25 Rpt: 21/67
2 FILER NAME DeAyala, Emilio F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067768
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penland, William	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77057	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perdomo, Eddie	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code  Houston, TX 77055	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Arch Floors Inc
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips 66 PAC	Amount of Contribution (\$) \$2,500.66
	Contributor address; City; State; Zip Code  Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Bob	Amount of Contribution (\$) \$5,205.08
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plains All American GP LLC PAC - Texas	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/25 Rpt: 22/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raynor, Gilbert	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77282		
<b>8</b> Principal occupation / Job title (See Instructions) Executive		<b>9</b> Employer (See Instructions) Raynor and Associates
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roa, Michael	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code  Houston, TX 77057		
Principal occupation / Job title (See Instructions) Auto Dealership		Employer (See Instructions) Team Autoplex
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robert, Richard	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77082		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Courtney	Amount of Contribution (\$) \$780.76
Contributor address; City; State; Zip Code  Houston, TX 77024		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Joshua	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code  Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Joshua Sanders LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/25 Rpt: 23/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Stuart <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Misson-Heights
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saunders, Stuart D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Mission-Heights
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwall, Sallie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, Lisa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) Jostens
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharkey, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/25 Rpt: 24/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sicola, Vincent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) VP		<b>9</b> Employer (See Instructions) OEC
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snoots, Aimee <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$5,205.08
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strake, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Cushman Wakefield
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Striegel, James <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swinbank, Joe <hr/> Contributor address; City; State; Zip Code  Houston, TX 77224	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) The Sprint Companies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/25 Rpt: 25/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 07/13/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885 ) THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  WASHINGTON, DC 20004		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Telle, Michael S.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77024		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vinson Elkins
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tellepsen, Tadd	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Houston, TX 77024		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Tellepsen Corporation
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$40,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Apartment Assn. PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/25 Rpt: 26/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas REALTORS Political Action Committee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78768	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Pinkerton Law Firm PLLC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Timko, Phyllis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tog, George <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$1,041.02
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/25 Rpt: 27/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Treadwell, Brett <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$520.51
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) RIDA Development Corporation
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trozzo, Ernest C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) USAA Employee Political Action Committee <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78288	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code  Washington, DC 20004	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vanzant, Earl A. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/25 Rpt: 28/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Massey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Precision Task Group Inc.
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wall, Shawn D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wax Oxman, Wendy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Tx Real Estate Agent		Employer (See Instructions) Homesmart RE
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weekley, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Betty <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/25 Rpt: 29/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 07/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Jr, Welcome <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Executive		<b>9</b> Employer (See Instructions) Welcome Group LLC

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/3 Rpt: 30/67	
2 FILER NAME DeAyala, Emilio F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067768	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/23/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	8 Amount of contribution (\$) \$4,000.00	9 In-kind contribution description In-kind Contribution: Campaign Digital Advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 78701		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	Amount of contribution (\$) \$2,000.00	In-kind contribution description In-Kind - Campaign Digital Advertising
	Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	Amount of contribution (\$) \$2,000.00	In-kind contribution description In-Kind - Campaign Digital Advertising
	Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/3 Rpt: 31/67	
2 FILER NAME DeAyala, Emilio F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067768	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Republicans of Texas Campaign Fund	8 Amount of contribution (\$) \$3,054.39	9 In-kind contribution description In-Kind - Campaign Text Messages
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> 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)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dade Phelan Campaign	Amount of contribution (\$) \$15,250.00	In-kind contribution description In-Kind - Polling
	Contributor address; City; State; Zip Code  Austin, TX 78763	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Inga	Amount of contribution (\$) \$100.00	In-kind contribution description In-Kind - Event F&B
	Contributor address; City; State; Zip Code  Houston, TX 77024	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Real Estate		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/3 Rpt: 32/67	
2 FILER NAME DeAyala, Emilio F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067768	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	8 Amount of contribution (\$) \$15,250.00	9 In-kind contribution description In-Kind - Polling
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> 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)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 33/67
<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/29/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DeAyala, Mano	<b>9</b> Loan Amount (\$) \$10,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Houston, TX 77024	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 12/29/2035
<b>12</b> Principal occupation / Job title (See Instructions) Attorney		<b>13</b> Employer (See Instructions) Buck Keenan LLP
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/34 Rpt: 34/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/16/2023	<b>5</b> Payee name AIA Corp.	
<b>6</b> Amount (\$) \$113.76	<b>7</b> Payee address; City; State; Zip Code 8148 Solutions Center  Chicago, IL 60677	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2023	Payee name AIA Corp.	
Amount (\$) \$139.51	Payee address; City; State; Zip Code 8148 Solutions Center  Chicago, IL 60677	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2023	Payee name Bullhorn Communication	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 5016 Webster  Omaha, NE 68132	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/34 Rpt: 35/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/11/2023	<b>5</b> Payee name Bullhorn Communication	
<b>6</b> Amount (\$) \$700.00	<b>7</b> Payee address; City; State; Zip Code 5016 Webster  Omaha, NE 68132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name City of Austin	
Amount (\$) \$117.04	Payee address; City; State; Zip Code 625 E. 10th St.  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2023	Payee name City of Austin	
Amount (\$) \$87.84	Payee address; City; State; Zip Code 625 E. 10th St.  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/34 Rpt: 36/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 09/05/2023	<b>5</b>	Payee name City of Austin		
<b>6</b>	Amount (\$) \$85.38	<b>7</b>	Payee address; City; State; Zip Code 625 E. 10th St.  Austin, TX 78701		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/10/2023		Payee name City of Austin		
	Amount (\$) \$87.51		Payee address; City; State; Zip Code 625 E. 10th St.  Austin, TX 78701		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/02/2023		Payee name Colon and Company		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/34 Rpt: 37/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 09/05/2023	<b>5</b>	Payee name Colon and Company		
<b>6</b>	Amount (\$) \$2,500.00	<b>7</b>	Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/20/2023		Payee name Colon and Company		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/15/2023		Payee name Colon and Company		
	Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/34 Rpt: 38/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 12/26/2023	<b>5</b>	Payee name Colon and Company		
<b>6</b>	Amount (\$) \$2,500.00	<b>7</b>	Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/22/2023		Payee name Colon and Company		
	Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 7941 Katy Freeway #108  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Coordination		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 07/10/2023		Payee name DeAyala, Emilio		
	Amount (\$) \$10,647.58		Payee address; City; State; Zip Code 11403 Shadow Way  Houston, TX 77024		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment for loan reported on Jan Semi Annual Report 2022		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/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.

<b>1</b> Total pages Schedule F1: Sch: 6/34 Rpt: 39/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/07/2023	<b>5</b> Payee name Fowler, Alex	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 311 Bowie Street Apt. 2301  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2023	Payee name Fox Bryant LLC	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 855 W St. Suite 2  Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Voter Outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2023	Payee name Fox Bryant LLC	
Amount (\$) \$14,500.00	Payee address; City; State; Zip Code 855 W St. Suite 2  Lincoln, NE 68508	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Voter Outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/34 Rpt: 40/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 10/15/2023	<b>5</b> Payee name Fox Bryant LLC
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<b>6</b> Amount (\$) \$16,000.00	<b>7</b> Payee address; City; State; Zip Code 855 W St. Suite 2  Lincoln, NE 68508
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Voter Outreach
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2023	Payee name Genesis Photographer
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 9356 LIVERNOIS RD  Houston, TX 77080
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Photography
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name Greater Houston Pachyderm
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 11542 Sandspoint Drive  Houston, TX 77072
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/34 Rpt: 41/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/07/2023	<b>5</b> Payee name Harrington, Deanna	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 6130 Chevy Chase Dr.  Houston, TX 77024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Harrington, Deanna	
Amount (\$) \$766.09	Payee address; City; State; Zip Code 6130 Chevy Chase Dr.  Houston, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Harrington, Deanna	
Amount (\$) \$244.43	Payee address; City; State; Zip Code 6130 Chevy Chase Dr.  Houston, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 9/34 Rpt: 42/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 11/20/2023	<b>5</b>	Payee name Harris County Republican Party		
<b>6</b>	Amount (\$) \$750.00	<b>7</b>	Payee address; City; State; Zip Code 8588 Katy Freeway Suite 445  Houston, TX 77024		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Filing Fee		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/15/2023		Payee name Haywood, Ethan		
	Amount (\$) \$300.00		Payee address; City; State; Zip Code 4704 Scottish Woods Cove  Austin, TX 78746		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/30/2023		Payee name Haywood, Ethan		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 4704 Scottish Woods Cove  Austin, TX 78746		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/34 Rpt: 43/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 07/10/2023	<b>5</b> Payee name Mammoth Marketing Group
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<b>6</b> Amount (\$) \$1,552.72	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/10/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$135.31	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$473.59	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/34 Rpt: 44/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/28/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$1,627.75	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$473.59	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$4,657.50	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/34 Rpt: 45/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 11/01/2023	<b>5</b> Payee name Mammoth Marketing Group
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<b>6</b> Amount (\$) \$60.89	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$79.83	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/22/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$7,042.43	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/34 Rpt: 46/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/22/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$3,438.00	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$986.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/34 Rpt: 47/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/06/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$7,204.80	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$67.66	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$3,125.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/34 Rpt: 48/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/05/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$169.14	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$10,233.77	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$608.91	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/34 Rpt: 49/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 07/10/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/34 Rpt: 50/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/28/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$128.55	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$1,028.38	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$514.19	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 18/34 Rpt: 51/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 08/09/2023	<b>5</b>	Payee name Mammoth Marketing Group		
<b>6</b>	Amount (\$) \$514.19	<b>7</b>	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/11/2023		Payee name Mammoth Marketing Group		
	Amount (\$) \$514.19		Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/01/2023		Payee name Mammoth Marketing Group		
	Amount (\$) \$514.19		Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 19/34 Rpt: 52/67	<b>2</b>	FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067768
<b>4</b>	Date 09/05/2023	<b>5</b>	Payee name Mammoth Marketing Group		
<b>6</b>	Amount (\$) \$514.19	<b>7</b>	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/11/2023		Payee name Mammoth Marketing Group		
	Amount (\$) \$4,578.98		Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/11/2023		Payee name Mammoth Marketing Group		
	Amount (\$) \$905.94		Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/34 Rpt: 53/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/22/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$5,558.75	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$5,558.75	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$6,981.26	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/34 Rpt: 54/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 08/09/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$372.11	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$2,029.69	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$1,319.30	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/34 Rpt: 55/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 09/28/2023	<b>5</b> Payee name Mammoth Marketing Group
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<b>6</b> Amount (\$) \$3,750.00	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/28/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$311.22	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/34 Rpt: 56/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 10/27/2023	<b>5</b> Payee name Mammoth Marketing Group
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<b>6</b> Amount (\$) \$92.01	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/27/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$1,319.30	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/27/2023	Payee name Mammoth Marketing Group
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Amount (\$) \$541.25	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/34 Rpt: 57/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/27/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$101.48	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$54.12	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Mammoth Marketing Group	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/34 Rpt: 58/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 12/01/2023	<b>5</b> Payee name Mammoth Marketing Group	
<b>6</b> Amount (\$) \$514.18	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St. St. 370  Bellaire, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Research
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Memorial West Republican Women	
Amount (\$) \$105.00	Payee address; City; State; Zip Code 815 Elk Run Circle  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name Miller, Chelsie	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 21503 Harbor Water Dr.  Cypress, TX 77433	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/34 Rpt: 59/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/05/2023	<b>5</b> Payee name Miller, Chelsie	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 21503 Harbor Water Dr.  Cypress, TX 77433	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Miller, Chelsie	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 21503 Harbor Water Dr.  Cypress, TX 77433	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2023	Payee name Miller, Chelsie	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 21503 Harbor Water Dr.  Cypress, TX 77433	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/34 Rpt: 60/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 10/28/2023	<b>5</b> Payee name Miller, Chelsie
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 21503 Harbor Water Dr  Cypress, TX 77433
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contract Labor
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2023	Payee name Raconteur Media Co
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Amount (\$) \$875.00	Payee address; City; State; Zip Code 1717 W 6th St. Suite 215  Austin, TX 78703
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/10/2023	Payee name Raconteur Media Co
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1717 W 6th St. Suite 215  Austin, TX 78703
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/34 Rpt: 61/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 08/09/2023	<b>5</b> Payee name Raconteur Media Co	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 1717 W 6th St. Suite 215  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Raconteur Media Co	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1717 W 6th St. Suite 215  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2023	Payee name Raconteur Media Co	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 1717 W 6th St. Suite 215  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/34 Rpt: 62/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/28/2023	<b>5</b> Payee name Right Side Compliance	
<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address; City; State; Zip Code 3595 RR 620 S. Suite 200  Austin, TX 78738	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name Right Side Compliance	
Amount (\$) \$6,630.77	Payee address; City; State; Zip Code 3595 RR 620 S. Suite 200  Austin, TX 78738	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2023	Payee name SBISD Council of PTA	
Amount (\$) \$1,040.00	Payee address; City; State; Zip Code 955 Campbell Rd.  Houston, TX 77024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/34 Rpt: 63/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/05/2023	<b>5</b> Payee name SBISD Council of PTA	
<b>6</b> Amount (\$) \$325.00	<b>7</b> Payee address; City; State; Zip Code 955 Campbell Rd.  Houston, TX 77024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Civic Organization Membership Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name Simms, Joanne	
Amount (\$) \$15,750.00	Payee address; City; State; Zip Code 210 Woodland Oaks Trail  Buda, TX 78610	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Accommodations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name Spectrum	
Amount (\$) \$72.42	Payee address; City; State; Zip Code 2344 Rutland Drive  Austin, TX 78758	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/34 Rpt: 64/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 10/26/2023	<b>5</b> Payee name Spectrum	
<b>6</b> Amount (\$) \$72.42	<b>7</b> Payee address; City; State; Zip Code 2344 Rutland Drive  Austin, TX 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/26/2023	Payee name Spectrum	
Amount (\$) \$72.42	Payee address; City; State; Zip Code 2344 Rutland Drive  Austin, TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 07/26/2023	Payee name Spectrum	
Amount (\$) \$72.42	Payee address; City; State; Zip Code 2344 Rutland Drive  Austin, TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/34 Rpt: 65/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
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<b>4</b> Date 10/06/2023	<b>5</b> Payee name Stellar Bank
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<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code 8727 W. Sam Houston Parkway N.  Houston, TX 77040
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/06/2023	Payee name Stellar Bank
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Amount (\$) \$12.00	Payee address; City; State; Zip Code 8727 W.Sam Houston Parkway N.  Houston, TX 77040
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/24/2023	Payee name Stellar Bank
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Amount (\$) \$3.00	Payee address; City; State; Zip Code 8727 W. Sam Houston Parkway N.  Houston, TX 77040
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/34 Rpt: 66/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 11/24/2023	<b>5</b> Payee name Stellar Bank	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 8727 W. Sam Houston Parkway N.  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Texas Pastor Council	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 692207  Houston, TX 77269	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2023	Payee name Texas Right to Life	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4500 Bissonnet St #305  Bellaire, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/34 Rpt: 67/67	<b>2</b> FILER NAME DeAyala, Emilio F. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067768
<b>4</b> Date 09/05/2023	<b>5</b> Payee name The Gober Group	
<b>6</b> Amount (\$) \$2,054.00	<b>7</b> Payee address; City; State; Zip Code PO Box 341016  Austin, TX 78734	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name The Gober Group	
Amount (\$) \$3,397.00	Payee address; City; State; Zip Code PO Box 341016  Austin, TX 78734	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Village Republican Womens	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 79924  Houston, TX 77279	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held