# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

_	Eller ID (Ede)	in Commission Films	O T-4-1 #11-				
1	Filer ID (Eth) 00084254	ics Commission Filers)	2 Total pages filed: 58			OFFICE U	SE ONLY
_						Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR The Honorable	FIRST		MI	ELECTRONICA	LLY FILED
	NAME		Cody T.			01/17/2024	
		NICKNAME	LAST		SUFFIX		
_	ODIO!!!!	<u> </u>	Vasut			Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	X January 15	Runoff	ш	er (specify)		
		July 15	Exceeded modified			Receipt #	Amount
		30th day before election	15th day after cam appointment (office			Date Processed	
		8th day before election	Final Report (Attac	h C/OH-FR)			
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	07/01/2023	THROUGH	12/31/202	23		
6	EXPLANATION OF C						
		UTC time of a donation I mages		ted 1/1/24, but on fi	urther inspection, th	ne donation had acti	ually been made on
	the evening of 12/31/	23 CST. I flave added it to	шу г4.				
7	AFFIDAVIT						
				rear, or affirm, unde correct.	er penalty of perjury	, that this corrected	report is true
			Che	eck the box next to	any and all applical	ble statements:	
			X	Semiannual rep	orts: I swear, or	affirm that the origin	nal report
			Ш			an intent to mislead	or to
				misrepresent the	information contain	ned in the report.	
						that I am filing this	
			<u>—</u>			ss day after the date accurate or incomp	
				swear, or affirm,	that any error or on	nission in the report	
				filed was made ir	n good faith.		
				Т	he Honorable Co	ody T. Vasut	
					nature of Candidate		
	AFFIX NOTARY ST	AMP / SEAL ABOVE		- 3			
		ribed before me, by the sai				ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of of	ffice.		
	Signature of offic	er administering oath	Printed name of o	fficer administering	oath	Title of officer admin	istering 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

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00084254		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Cody T.			Date Received	
"""					ELECTRONICA	IIV EII ED
	NIO(4)AA45				01/17/2024	CLITICLD
	NICKNAME	LAST		SUFFIX	01/11/2024	
		Vasut				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P O BOX 2724					1
ADDRESS					Receipt #	Amount
Change of Address	ANGLETON, TX 77516				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		Cody Thane				
NAME		Cody Thanc				
	NICKNAME	LAST		SUFFIX		
		Vasut		301117		
		vasat				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EASE):	Λ D.7	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	P.O. Box 2724	BOX PLEASE),	API	/ SUITE #, CITT,	SIA	TE, ZIP CODE
ADDRESS	P.O. BOX 2724					
(Residence or Business)						
	Angleton, TX 77516					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER	(979) 481-0715					
PHONE	(0.0) 101 0.10					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
		<b>.</b>			appointment (offic	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
					.,	
9 PERIOD COVERED	Month Day Year	TU	IDOLICII	Month Day	Year	
	07/01/2023	IH	ROUGH	12/31/202	3	
10 51 5071011	ELECTION DATE	i		ELECTION TVDE		
10 ELECTION	ELECTION DATE  Month Day Year		dina an t	ELECTION TYPE	Othor	
	Month Day Year		rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 25		State Represent	ative District 25	
	1					
		ദേ т	O PAGE 2			
		GO 1	O FAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 58

13 C / OH NAME	Vasut, Cody T. (The	Honorable)	<b>14</b> Filer ID (I 00084254	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Drive		
		Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 69,110.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 59,138.05
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 47,191.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hon	orable Cody T. Vasut	:
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				4 of 58			
18 FILER NAME19 Filer ID(Ethics CommissionVasut, Cody T. (The Honorable)00084254							
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50,410.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	18,700.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	2,500.00			
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	55,521.34			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,686.49			
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	285.00			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	42.47			
			•				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	OULE A1	
	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/58			
2	FILER NAME Vasut, Cody	T. (The Honorable)			3	Filer ID (Ethics Commission 00084254	on Filers)	
4	Date 11/28/2023  5 Full name of contributor x out-of-state PAC (ID#: C00829713  CareSource Mission PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
		Columbus, OH 43215-4255						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/26/2023 Cook, David  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
	Dringing age	Mansfield, TX 76063-1705		Employer (Coo Instructions				
	State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	)			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00		
		Lake Jackson, TX 77566						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Cordoba Law Firm	)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
	Principal occu Sound Desig	pation / Job title (See Instructions) Iner		Employer (See Instructions Self	)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/25/2023 Davenport, Tobey  Contributor address; City; State; Zip Code  Freeport, TX 77541			Amount of Contribution (\$)	\$100.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
			1					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	ULE <b>A1</b>	
	The Instruc	ction Guide explains how to cor	mplete this form	1.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/58		
2	FILER NAME Vasut, Cody	T. (The Honorable)			3	Filer ID (Ethics Commission 00084254	on Filers)	
4	Date 12/16/2023  5 Full name of contributor out-of-state PAC (ID#:) Fratila, Barbara  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$60.00			
8	Principal occur	Lake Jackson, TX 77566 pation / Job title (See Instructions)	ام	Employer (See Instructions				
•	Attorney	pation 7 300 title (See instructions)		Furey Law Firm	,			
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2023 Invenergy Investment Company, LLC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Chicago, IL 60606 pation / Job title (See Instructions)		Employer (See Instructions	)			
		,		, ., . (	,			
	Date 09/23/2023	Full name of contributor out-o Payne, Donald  Contributor address; City; State; Zip 0	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00	
	Deinsinal assu	Lake Jackson, TX 77566		Franks or (Cook both stiere				
	•	pation / Job title (See Instructions) missioner, Precinct 1		Employer (See Instructions Brazoria County	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/09/2023 Schwartz, Page & Harding, L.L.P.  Contributor address; City; State; Zip Code  Houston, TX 77056		,		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 08/10/2023	Full name of contributor out-o Texans for Lawsuit Reform PAC Contributor address; City; State; Zip C	of-state PAC (ID#:			Amount of Contribution (\$)	\$45,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
			,					

ARY POLITICAL CONTRIBU	SCHEDULE A1	
ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/58	
T (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084254
Vasut, Cody T. (The Honorable)  Date  5 Full name of contributor out-of-state PAC (ID#:)  Texas Chemical Council / Association of Chemical Industry of Texas  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
Austin, TX 78701-1586		
pation / Job title (See Instructions)	9 Employer (See Instruction:	s)
	T. (The Honorable)  5 Full name of contributor out-of-state PAC Texas Chemical Council / Association of Chemical Chemi	T. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Texas Chemical Council / Association of Chemical Industry of Texas  6 Contributor address; City; State; Zip Code  Austin, TX 78701-1586

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Cuide explains how to complete	1 Total pages Schedule A2:			
The Instruction Guide explains how to complet	Sch: 1/1 Rpt: 8/58			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Vasut, Cody T. (The Honorable)	00084254			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CO	ONTRIBUTIONS \$			
5 Date 6 Full name of contributor out-of-state PAG	C (ID#:			
12/07/2023 Bulanek, Kristin	contribution (\$) description  \$200.00   Shrimp stuff dinner and			
7 Contributor address; City; State; Zip Code	dessert for auction			
	<u> </u>			
Freeport, TX 77541	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See inst				
Tax Assessor Collector	Brazoria County			
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 JUDIO	CIAL)			
	,			
Date Full name of contributor Quit-of-state PAG	C (ID#:) Amount of In-kind contribution			
09/27/2023 Phelan, Dade	contribution (\$) description			
Contributor address; City; State; Zip Code	\$18,500.00 Polling. Not at direction of			
Contributor address, City, State, 2:p code	candidate.			
Austin, TX 78763	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See inst				
Speaker of the House	State of Texas			
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 JUDIO	CIAL)			

PLEDO	GED CONTRIBUTIONS				SCHEDULE B	
The	Instruction Guide explains how to comple	1	Total pages Sche Sch: 1/1 Rpt: 9/			
2 FILER NAM	 E		3		ics Commission Filers)	
	ly T. (The Honorable)		00084254	,		
TOTAL OF UNITEMIZED PLEDGES				\$	0.00	
<b>5</b> Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8	Amount of	9 In-kind description	
	Dow, Inc. Political Action Committee			pledge (\$)	(If applicable)	
	7 Pledgor Address; City; State; Zip Code		1	\$2,500.00	ļ	
12/12/2023					I Ī	
	Midland, MI 48674			Check if travel outs	iside of Texas. Complete Schedule	
10 Principal oc	L cupation / Job title (See Instructions)	11 Employer (See Instru	ucti		·	
	(000 1100 1100 1100 1100 1100 1100 1100	== Employer (Gee mount	uoti	0113)		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/31 Rpt: 10/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
L	10/24/2023	AHS Cheer Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1 Campus Drive
		Angleton TV 77515
Ļ		Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	12/26/2023	Alvin Sun & Advertiser
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.17	570 Dula Street
		AL::- TV 77544
L		Alvin, TX 77511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Print ad
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	09/19/2023	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1340 Poydras St., Suite 1770
		Now Orleans I A 70112 F204
		New Orleans, LA 70112-5204
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/31 Rpt: 11/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	12/11/2023	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112-5204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fee
		Credit card processing ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	12/16/2023	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.70	1340 Poydras St., Suite 1770
		New Orleans, LA 70112-5204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Credit card processing fees
		Credit card processing rees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	08/22/2023	Angleton Danbury Lion's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 1153
		Angleton, TX 77516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Dollation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/31 Rpt: 12/58	Vasut, Cody T. (The Honorable) 00084254
4 Date	5 Payee name
09/04/2023	Bank of America Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$28.15	700 Louisiana Street
	Houston, TX 77002
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Parking for legislative meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/24/2023	Bay Area Council
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3020 53rd St.
ψ300.00	3020 33IU 3U
	Galveston, TX 77551
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Bondion
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
11/29/2023	Berry Communications
Amount (\$)	Payee address; City; State; Zip Code
\$16,500.00	1014 W Milton St
Ψ10,300.00	TOTA W WIIItOT St
	Austin, TX 78704
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign consulting fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	л 

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·
_	Total pages Schedule F1: Sch: 4/31 Rpt: 13/58	Vasut, Cody T. (The Honorable)  Curics Commission Files)  00084254
4	Date	5 Payee name
	08/29/2023	Brazoria County Fair Association
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 901 S. Downing Road
	,	
		Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Tickets to fundraiser
		Floreta to fundiciaser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2023	Brazoria County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	901 S. Downing Road
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation .
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/20/2023	Brazoria County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,400.00	901 S. Downing Road
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation, purchase of art at student art auction for
		capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/31 Rpt: 14/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	07/29/2023	Brazoria County Hispanic Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	200 West 2nd Street
		Suite #210
		Freeport, TX 77541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/22/2023	Brazoria County Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	200 West 2nd Street
		Suite #210
		Freeport, TX 77541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Ticket to county update
		nicket to county apadie
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/11/2023	Brazoria County Republican Party
		Payee address; City; State; Zip Code
	Amount (\$) \$750.00	135 Spanish Oak Circle
	Ψ130.00	133 Spanish Oak Circle
		Lake Jackson, TX 77566
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Filing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cr Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee	Gift/Awards/Memorials Legal Services		aries/Wa		ontract Labor		OTHER (enter a		ed above)
	Credit Card Payment			The Instruction G	uide explains how	to com	plete	this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 6/31 Rpt: 15/58		Vasut, Cody	T. (The Honor	able)					00084254		
4	Date	5	Payee name					•				
	07/15/2023		Brazoria He	ritage Foundati	on							
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	p Code	<u>—</u>					
	\$500.00		202 W Smit	n St,								
			Brazoria, TX	77422								
8	PURPOSE	(a)				. 10	h) г	Description				
٠	OF	(۳)		e Categories listed at t Memorials Exp		)	ν, <sub>-</sub>	_ :	outsi	de of Texas. Com	plete Schedule 1	г.
	EXPENDITURE		Oner wards	Momenta Exp	0.100		Ē	Check if Austin,	TX,	officeholder living	g expense	
								Donation for a	auc	tion purcha	se	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Office	e sough	ht			Office he	eld	
	experiorare to benefit C/O											
	Date		Payee name									
	09/25/2023		Brazosport /	Area Chamber (	of Commerce							
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	е					
	\$35.00		300 Abner J	ackson Pkwy								
			Lake Jackso	on, TX 77566								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	) (I	b) [	Description				
	OF EXPENDITURE		Event Exper					Check if travel o	outsi	de of Texas. Com	plete Schedule 1	г.
	LAFLINDITORL						Ē	_		officeholder living	g expense	
							١	icket to luncl	neo	on		
	Computate ONII V if diseast	<u> </u>	Canadidate/Offic	ceholder name	Offic		h.4			Office le	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/Onic	enoluer name	Office	e sough	IIL			Office he	eiu	
	5.	1										
	Date		Payee name	Caraa								
	09/21/2023		Brazosport (									
	Amount (\$)		Payee addres	•	State; Zi	p Code	е					
	\$500.00		916 N Gulf I	siva								
			Freeport, T	77541								
	PURPOSE OF	(a)		e Categories listed at t		) (I	b) [	Description				_
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ا ۵	F	<b>⊒</b>		de of Texas. Com officeholder living	•	l.
			Carididate/C	inceriolaei/Foi	ilicai Commilice			Donation	,	omoonoidoi nviitę	, oxponed	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sough	ht			Office he	eld	
	expenditure to benefit C/OI					3						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/31 Rpt: 16/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/10/2023	Brazosport College Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	500 College Drive
		Lake Jackson, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Tickets to scholarship soiree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/29/2023	Brazosport College Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	500 College Drive
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Computate ONLY if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2023	Brazosport Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	135 Spanish Oak Circle
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/31 Rpt: 17/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	12/27/2023	Brazosport Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	135 Spanish Oak Circle
		Lake Jackson, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Associate membership dues
		7 6300late membership daes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/21/2023	Campaign Advocacy Management Professionals, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,527.10	401 NE 46th
		Oklahoma City, OK 73105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Mailer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	08/07/2023	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$602.00	P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment - F4 7/5 and 8/1/23
		Credit Card payment - F4 113 and 0/1/23
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/31 Rpt: 18/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	09/04/2023	Chase Bank N.A.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,440.00	P.O. Box 15123
		Wilmington, DE 19850-5123
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense F4 8/16, 8/18 x 2, 8/25, 8/31
		F4 0/10, 0/18 X 2, 0/23, 0/31
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	09/20/2023	Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,404.75	P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense F4 9/10, 9/17, 9/18
		14 3/10, 3/17, 3/10
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies same
	11/03/2023	Payee name Chase Bank N.A.
	Amount (\$)	Payee address; City; State; Zip Code
	\$444.83	P.O. Box 15123
		Wilmington, DE 19850-5123
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		F4 11/1 and 11/2
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/31 Rpt: 19/58	Vasut, Cody T. (The Honorable)	00084254
4	Date	5 Payee name	•
	11/06/2023	Chase Bank N.A.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$146.00	P.O. Box 15123	
		Wilmington, DE 19850-5123	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			F4 11/2
9	Complete ONL V if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
H	D-4-		
	Date 11/22/2023	Payee name Chase Bank N.A.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,140.20	P.O. Box 15123	
		Wilmington, DE 19850-5123	
	PURPOSE OF		Description To the state of the
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			F4 11/11, 11/14 x 2, 11/17, 11/18, 11/21
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/13/2023	Chase Bank N.A.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$458.71	P.O. Box 15123	
		Wilmington, DE 19850-5123	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			F4 11/29, 12/4 x 2, 12/5
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office Held
H			
l			

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	,
1	Total pages Schedule F1:	
	Sch: 11/31 Rpt: 20/58	
4	Date	5 Payee name
L	07/14/2023	Cirksena, MacKenzie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	1817 Shanks Road
		Angleton, TX 77515
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	07/22/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign consulting and graphic design
		Campaign consulting and grapine design
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· ·
L		
	Date	Payee name
L	07/31/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign consulting and graphic design
		Campaign consulting and graphic design
	Operation Objects "	On didn't 10 ff a halden name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/31 Rpt: 21/58	Vasut, Cody T. (The Honorable)		00084254
4	Date	5 Payee name		
	08/04/2023	Cirksena, MacKenzie		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$75.00	1817 Shanks Road		
		Angleton, TX 77515		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
				Campaign consulting and graphic design
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experialture to beliefit C/Oi	7		
	Date	Payee name		
	08/11/2023	Cirksena, MacKenzie		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$75.00	1817 Shanks Road		
L		Angleton, TX 77515		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign consulting and graphic design
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/18/2023	Cirksena, MacKenzie		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$125.00	1817 Shanks Road		
		Angleton, TX 77515		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Campaign consulting and graphic design
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/31 Rpt: 22/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/23/2023	Cirksena, MacKenzie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign consulting and graphic design
		Campaign consulting and grapino design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Date	Payee name
	09/02/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
_	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/08/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	· · · · · · · · · · · · · · · · · · ·	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/31 Rpt: 23/58	Vasut, Cody T. (The Honorable)	00084254
4	Date	5 Payee name	
	09/20/2023	Cirksena, MacKenzie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	1817 Shanks Road	
		Angleton, TX 77515	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  ampaign consulting and graphic design
			ampaign consulting and grapine design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		000
_	Date	Payee name	
	09/28/2023	Cirksena, MacKenzie	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1817 Shanks Road	
	Ψ100.00	1017 Chamo Roda	
		Angleton, TX 77515	
_	PURPOSE		escription
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solisating Expense	Check if Austin, TX, officeholder living expense
		Ca	ampaign consulting and graphic design.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Oi	1	
	Date	Payee name	
	10/06/2023	Cirksena, MacKenzie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	1817 Shanks Road	
		Angleton, TX 77515	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			ampaign consulting and graphic design
			ampaign concating and grapino decign
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	<del></del>
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/31 Rpt: 24/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	10/13/2023	Cirksena, MacKenzie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/28/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign consulting and graphic design
		Sampaigh constaining and graphic design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/04/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1817 Shanks Road
		Angleton, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/31 Rpt: 25/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	11/21/2023	Cirksena, MacKenzie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1817 Shanks Road
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/04/2023	Cirksena, MacKenzie
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	1817 Shanks Road
	,	
l		Angleton, TX 77515
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>o</b>
_	Data	
	Date 12/27/2023	Payee name Cirksena, MacKenzie
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 1817 Shanks Road
	\$75.00	1017 Stiatiks Roau
		Angleton, TX 77515
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
		Campaign consulting and graphic design
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorate to betterit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/31 Rpt: 26/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/16/2023	City of Angleton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	121 S Velasco
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Ticket to BCCA dinner
		Hoket to Book diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	08/28/2023	Columbia Brazoria FFA Alumni
H	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	PO BOX 1354
		West Columbia, TX 77486
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for auction purchase
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Power name
	12/14/2023	Payee name  Economic Development Alliance of Brazoria County
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4005 Technology Drive
		Angleton, TX 77515
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership dues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Great Gara Layment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 18/31 Rpt: 27/58	Vasut, Cody T. (The Honorable)	00084254						
4 Date	5 Payee name							
11/02/2023	Exchange Club of Angleton							
6 Amount (\$)	7 Payee address; City; State; Zip Co	de						
\$100.00	P.O. Box 1196							
	Angleton, TX 77516							
8 PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b) Description Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense						
		Donation						
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
expenditure to benefit C/O								
Date	Payee name							
07/04/2023	Express Self Storage							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$85.00	1804 E Mulberry St							
	Angleton, TX 77515							
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	(b) Description						
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Campaign storage						
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
expenditure to benefit C/OI	H							
Date	Payee name							
08/02/2023	Express Self Storage							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$85.00	1804 E Mulberry St							
	Angleton, TX 77515							
PURPOSE OF	, , ,	(b) Description						
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Campaign storage						
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
expenditure to benefit C/O	Н							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 19/31 Rpt: 28/58	Vasut, Cody T. (The Honorable) 00084254					
4	Date	5 Payee name					
	09/02/2023	Express Self Storage					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$85.00	1804 E Mulberry St					
		Angleton, TX 77515					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Campaign storage					
		Campaign otologe					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	10/03/2023	Express Self Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$85.00	1804 E Mulberry St					
		Angleton, TX 77515					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Campaign storage					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	11/02/2023	Express Self Storage					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$85.00	1804 E Mulberry St					
		Angleton, TX 77515					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Campaign storage					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/31 Rpt: 29/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	12/02/2023	Express Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	1804 E Mulberry St
		Angleton, TX 77515
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign storage
		Campaign storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/10/2023	Friends of the River San Bernard
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3199 Bernard Oaks St
		Brazoria, TX 77422
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 on a son
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 10/14/2023	Payee name Friends of the River San Bernard
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	3199 Bernard Oaks St
		Brazoria, TX 77422
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ticket to fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
ļ_	T. 1 0 1 1 54	,
1	Total pages Schedule F1:	
	Sch: 21/31 Rpt: 30/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/10/2023	Greater Angleton Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	222 N Velasco St
		Angleton, TX 77515
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Membership dues and donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_		
	Date	Payee name
	08/31/2023	Harland Clarke
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.40	15955 La Cantera Parkway
		San Antonio, TX 78256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		New check fees
		New oncor lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	11/11/2023	Harvest for the Hungry
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,950.00	4302 FM 523
		Freeport, TX 77541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation for live auction
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to beliefft C/OI	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/31 Rpt: 31/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	07/11/2023	Jaax, Edward
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	12716 Bransford Circle
		Austin, TX 78753
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign consulting
		Campaign concanning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>—</b>	Data	Para a same
	Date	Payee name
	12/19/2023	Jaax, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	12716 Bransford Circle
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign consulting
	Operation ONLY if allowed	Our didn't lotter halden games Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2023	Lake Jackson Civic Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,234.50	333 TX-332
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Rental for fundraiser
	Operation Of the Control of the Cont	Our didn't (Office helden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/31 Rpt: 32/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/10/2023	Our Lady Queen of Peace Catholic School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1600 FM 2004
		Richwood, TX 77531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Programme
	10/04/2023	Payee name
		Plantation House
	Amount (\$)	Payee address; City; State; Zip Code
	\$291.19	402 Plantation Dr.
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Framing for Brazoria County map for district office
		Training for Brazona County map for district office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Programme
	Date 10/05/2023	Payee name Refuge for Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	117 Hwy 332 West
		Suite J #159
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 24/31 Rpt: 33/58	Vasut, Cody T. (The Honorable) 00084254	
4	Date	5 Payee name	_
	10/28/2023	Rosharon Volunteer Fire Department	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$200.00	16435 FM 521	
		Rosharon, TX 77583	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
_	Data		_
	Date	Payee name	
	10/11/2023	SquareSpace, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$175.88	225 VARICK ST FL 12	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Campaign E-mail Check if travel outside of Texas. Complete Schedule T.	
		Campaign e-mail account bill	
		Campaign e mai account sin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<b>v</b>	
_	Date	Dove nome	=
	10/26/2023	Payee name SquareSpace, Inc.	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$268.63	225 VARICK ST FL 12	
		New York, NY 10014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Website	
		1.035.10	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Credit Card r dyment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 25/31 Rpt: 34/58		Vasut, Cody	T. (The Honor	able)					00084254		
4	Date	5	Payee name									
	08/24/2023	ı	Stallman, Bo	)								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$3,000.00		110 Black O	ak								
			Angleton, TX	X 77515								
8	PURPOSE	⊢					(h)	Description				
ľ	OF			e Categories listed at the Samuel of the Sam		dule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Poli		ttee		=		officeholder living		
								Donation for a	auc	tion purcha	se	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OH	Н										
	Date		Payee name									
	11/03/2023		Sweeny Ath	letic Booster Cl	ub							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		600 E Ashle	y-Wilson Road								
				-								
			Sweeny, TX	77480								
	PURPOSE	_		e Categories listed at t	no ton of this soho	dulo)	(b)	Description				
	OF			s/Donations Ma		uuie)	( - ,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE			Candidate/Officeholder/Political Committee				Check if Austin, TX, officeholder living expense					
								Donation for h	heli	met for capi	tol office	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	П										
	Date		Payee name									
	08/02/2023		Sweeny Bull	ldog Athletics B	ooster							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		600 E Ashle	y-Wilson Rd								
			Sweeny, TX	77480								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	dule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE		Candidate/C	Officeholder/Poli	tical Commit	ttee		<b>—</b>	, TX,	officeholder living	g expense	
								Donation				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	eld	
	portantare to benefit 6/01	•										

#### SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAMI	Ē				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 26/31 Rpt: 35/58	Vasut, Cod	y T. (The Honorable)				(	00084254		
4	Date	5 Payee name								
	07/20/2023	TJ Maxx								
6	Amount (\$)	7 Payee addre	ess; City; S	state; Zip Co	ode					
	\$36.78	100 TX-332								
		Lake Jacks	on, TX 77566							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense	ŕ		_			plete Schedule T.	
	LXI LINDITORE					_		officeholder living		
						Decorations f	or d	ISTRICT OTTICE	!	
Ļ					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	11/17/2023	Texas Hou	se of Representatives							
	Amount (\$)	Payee addre	ess; City; S	state; Zip Co	ode					
	\$33.12	P.O. Box 2	910							
		Austin, TX	78768							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Gift/Awards	s/Memorials Expense			<u></u>			plete Schedule T.	
						ш		officeholder living	expense profit or political	
						auctions	!!	. 100ai 11011	prom or political	
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/O		.co.loidoi fidifio	Jinec 300	~9·11			Jilioc He		
<b> </b>	Data									
	Date	Payee name								
	09/24/2023	Texas Righ								
	Amount (\$)	Payee addre	•	state; Zip Co	ode					
	\$259.07	4500 Bisso	nnet Street							
		Suite 305								
		Bellaire, TX	77401							
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Made By			Check if travel of			plete Schedule T.	
	TVI FIADITORE	Candidate/	Officeholder/Political Co	ommittee		_	, TX, c	fficeholder living	expense	
						Donation				
	2				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld	
	Orialiano to bonioni o/or	•								

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	
1	Sch: 27/31 Rpt: 36/58	2 FILER NAME Vasut, Cody T. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084254
4	Date	5 Payee name
	11/21/2023	The Bulletin
6	Amount (\$) \$445.00	7 Payee address; City; State; Zip Code P.O. Box 2426  Angleton, TX 77516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Print ads
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	The Salvation Army
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1618 N Avenue J
	DUDDOCE	Freeport, TX 77541
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EAI ENDITORE	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2023	The Salvation Army
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1618 N Avenue J
		Freeport, TX 77541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 28/31 Rpt: 37/58	Vasut, Cody T. (The Honorable) 00084254					
4	Date	5 Payee name					
	12/19/2023	Thimesch, Kronda					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	1301 Justin Road					
		Suite 201-310					
		Lewisville, TX 75077					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee					
		Campaign contribution					
_							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/06/2023	True to Life Ministries					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$123.01	105 This Way					
		Lake Jackson, TX 77566					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Check if Austin, TX, officeholder living expense  Tickets to fundraiser					
		Tickets to idilidiasei					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	•						
	Date	Payee name					
	11/04/2023	True to Life Ministries					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	105 This Way					
		Lake Jackson, TX 77566					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
	EXPENDITORE	Candidate/Officeholder/Political Committee					
		Donation					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to beliefft C/Of	·					
_							

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## 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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/31 Rpt: 38/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	09/16/2023	Uprinting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$238.75	8000 Haskell Ave.
		Van Nuys, CA 91406
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing for fundraiser
		Timung for fandraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/25/2023	Uprinting
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.89	8000 Haskell Ave.
		Van Nuys, CA 91406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Additional invitations to fundraiser
		, additional invitations to furnity also.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/26/2023	Vasut, Cody
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	4 Greystone Court
		Angleton, TX 77515
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reimbursement Schedule G December 11, 2021.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		
I		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/31 Rpt: 39/58 Vasut, Cody T. (The Honorable) 00084254 4 Date Payee name 12/26/2023 Vasut, Cody 6 Amount (\$) Payee address; State; Zip Code \$180.00 4 Greystone Court Angleton, TX 77515 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement Schedule G February 3, 2022 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Vasut, Cody Amount (\$) Payee address; City; State; Zip Code \$185.00 4 Greystone Court Angleton, TX 77515 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement Schedule G November 4, 2022 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/20/2023 Wal-Mart Amount (\$) Payee address: City; State; Zip Code \$110.91 702 SW 8TH ST Bentonville, AR 72716-6299 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printer for district office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 31/31 Rpt: 40/58	Vasut, Cody T. (The Honorable) 00084254
4	Date	5 Payee name
	08/05/2023	West Pearland Republican Women PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	8325 Broadway
		Suite 202, Box 27
		Pearland, TX 77581-5773
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2023	West Pearland Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	8325 Broadway
		Suite 202, Box 27
		Pearland, TX 77581-5773
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Associate membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>
	Date	Payee name
	09/09/2023	Willing Workers 4-H of Brazoria County
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	21017 CR 171
		Angleton, TX 77515
$\vdash$	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	•

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/12 Rpt: 41/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 11/14/2023 **Austin Convention Center Parking** Amount (\$) Payee address; City; State; Zip Code \$10.00 117 1/2 Brazos Street Austin, TX 78701 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking for meeting with legislators 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name B.I.G. Love Cancer Care Services 11/21/2023 Amount (\$) Payee address; City; State; Zip Code \$255.00 P.O. Box 90818 Austin, TX 78709-0818 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/12 Rpt: 42/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 08/18/2023 Bank of America Center Amount (\$) Payee address; State; Zip Code \$40.00 700 Louisiana Street Houston, TX 77002 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking for meeting with legislators 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2023 Bay Area Council Amount (\$) Payee address; City; State; Zip Code \$500.00 3020 53rd St. Galveston, TX 77551 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/12 Rpt: 43/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/16/2023 Brazoria County Republican Party Amount (\$) Payee address; City; State; Zip Code \$30.00 135 Spanish Oak Circle Lake Jackson, TX 77566 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Ticket to event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/05/2023 Brazoria Heritage Foundation Payee address: Amount (\$) City; State; Zip Code \$102.00 202 W Smith St, Brazoria, TX 77422 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Tickets to event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/12 Rpt: 44/58 Vasut, Cody T. (The Honorable) 00084254 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/01/2023 Capitol Commission Texas Amount (\$) Payee address; City; State; Zip Code \$250.00 12302 Marshall Dr. Magnolia, TX 77354 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/18/2023 Columbia Brazoria FFA Alumni Amount (\$) Payee address; City; State; Zip Code \$120.00 PO BOX 1354 West Columbia, TX 77486 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Tickets to fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/12 Rpt: 45/58 Vasut, Cody T. (The Honorable) 00084254 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 08/31/2023 Fulton, Michael Amount (\$) Payee address; City; State; Zip Code 119 Southern Oaks Dr. \$1,200.00 Lake Jackson, TX 77566 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign contribution at live auction 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/11/2023 Holiday Inn Austin Airport Amount (\$) Payee address; City; State; Zip Code \$328.21 6711 E Ben White Blvd Austin, TX 78741 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel for special session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/12 Rpt: 46/58 Vasut, Cody T. (The Honorable) 00084254 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/02/2023 Holiday Inn Express Austin Airport Amount (\$) Payee address; City; State; Zip Code \$194.83 7601 E Ben White Blvd. Austin, TX 78741 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel for special session 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/17/2023 Holiday Inn Express Austin Downtown Amount (\$) Payee address; City; State; Zip Code \$244.94 805 Neches Street Austin, TX 78701 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Hotel for special session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/12 Rpt: 47/58 Vasut, Cody T. (The Honorable) 00084254 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/10/2023 Holiday Inn Express Sunset Valley Amount (\$) Payee address; City; State; Zip Code \$479.45 4892 US Highway 290 West Sunset Valley, TX 78735 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel stay for impeachment trial 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2023 Holiday Inn Express Sunset Valley Amount (\$) Payee address; City; State; Zip Code \$774.25 4892 US Highway 290 West Sunset Valley, TX 78735 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel stay for impeachment trial Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/12 Rpt: 48/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/14/2023 Holiday Inn Express Sunset Valley Amount (\$) Payee address; City; State; Zip Code \$132.05 4892 US Highway 290 West Sunset Valley, TX 78735 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel for special session 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2023 Holiday Inn Express Payee address; Amount (\$) City; State; Zip Code \$151.05 4892 US Highway 290 West Sunset Valley, TX 78735 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel stay for impeachment trial Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/12 Rpt: 49/58 Vasut, Cody T. (The Honorable) 00084254 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/25/2023 Stallman, Bo Amount (\$) Payee address; City; State; Zip Code \$50.00 110 Black Oak Angleton, TX 77515 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/29/2023 **Texas Values** Payee address: Amount (\$) City; State; Zip Code \$150.00 1005 Congress Avenue Suite 830 Austin, TX 78701 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Ticket to fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/12 Rpt: 50/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/05/2023 Texas Values Amount (\$) Payee address; City; State; Zip Code \$100.00 1005 Congress Avenue Suite 830 Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2023 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$146.00 475 L'Enfant Plaza SW Washington, DC 20260 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Post office box rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/12 Rpt: 51/58 Vasut, Cody T. (The Honorable) 00084254 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/04/2023 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$132.00 475 L'Enfant Plaza SW Washington, DC 20260 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamps for mailing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/04/2023 **Uprinting** Amount (\$) Payee address; City; State; Zip Code \$76.71 8000 Haskell Ave. Van Nuys, CA 91406 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Additional printing for fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## **EXPENDITURES MADE BY CREDIT CARD EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

SCHEDULE F4

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overho Polling Exper Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
our idiates of incertoides in office	The Instruction Guide exp			OTHER (Chief a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 52/58	Vasut, Cody T. (The Honorable)			00084254
4 TOTAL OF UNITEMIZE	ZED EXPENDITURES CHARGED	TO A CRED	IT CARD	\$
5 Date 12/31/2023	6 Payee name Virdell, Wesley			
7 Amount (\$) \$50.00	,	State; Zip Code		
400.00	Brady, TX 76825			
9 TYPE OF EXPENDITURE	X Political	Non-Politic	al	
10 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b	) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Co		Check if travel Check if Austin Campaign Co	outside of Texas. Complete Schedule T. , TX, officeholder living expense ontribution - Made late 12/31. E-mail kenly identified UTC time as 1/1/24.
<b>11</b> Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office held
Date	Payee name			
11/18/2023	Wreaths Across America			
Amount (\$) \$170.00	Payee address; City; S 328 Cemetery Road Angleton, TX 77515	State; Zip Code		
TYPE OF EXPENDITURE	X Political	Non-Politic	al	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Contributions		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Angleton cemetery for wreaths for
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 53/58 Vasut, Cody T. (The Honorable) 00084254 Date Payee name 11/17/2023 Stephanie Jenkins Photography 6 Amount (\$) Payee address; City; State; Zip Code 3049 BRAZOS RIVER RD \$285.00 Reimbursement from political contributions intended Freeport, TX 77541-8227 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Family photos. Some have been used on campaign social media, so listing. Address based on BCAD. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /5 Rpt: 54/58	
2	FILER NAME		3	Filer ID	(Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	07/31/2023	Texas Dow Employees Credit Union			y unount (¢)	\$1.82
	0110112020					Ψ1.02
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			le if politie	al cont	ibution returned to filer	
		Interest	к п роши	cai conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2023	Texas Dow Employees Credit Union				\$2.23
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received	k if polition	cal conti	ibution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2023	Texas Dow Employees Credit Union			, ,	\$0.01
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Chec	k if politic	cal conti	ibution returned to filer	
		Interest				
-	Date	Name of person from whom amount is received			Amount (\$)	
	08/31/2023	Texas Dow Employees Credit Union			γο αε (ψ)	\$3.02
	00/01/2020					Ψ0.02
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			lk if politic	anl nonti	l ribution returned to filer	
		Interest	k ii politic	ai com	ibution returned to liler	
					T	
	Date	Name of person from whom amount is received			Amount (\$)	<b>#0.00</b>
	08/31/2023	Texas Dow Employees Credit Union				\$2.23
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		_	k if polition	cal conti	ribution returned to filer	
L		Interest				
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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: :/5 Rpt: 55/58	
2	FILER NAME		3	Filer ID	(Ethics Commission F	ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	08/31/2023	Texas Dow Employees Credit Union			(4)	\$0.02
	00/01/2020					Ψ0.02
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			1			
		<u> </u>	K If politic	cai contr	ribution returned to filer	
		Interest			-	
	Date	Name of person from whom amount is received			Amount (\$)	
	09/30/2023	Texas Dow Employees Credit Union				\$4.85
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received Chec	k if politic	cal contr	ibution returned to filer	
		Interest	·			
	Date	Name of person from whom amount is received			Amount (\$)	
	09/30/2023	Texas Dow Employees Credit Union			Amount (φ)	\$2.16
	03/30/2023					Ψ2.10
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			le if politie	and nontr	ibution returned to filer	
		Interest	к п роши	cai conti	ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	09/30/2023	Texas Dow Employees Credit Union				\$0.06
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received	k if politic	cal contr	ribution returned to filer	
		Interest				
_	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2023	Texas Dow Employees Credit Union			( )	\$4.07
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, City, State, 21p Code				
		Lake Jackson, TX 77566				
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		Interest	к п роши	cai conti	ribution returned to filer	
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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: :/5 Rpt: 56/58	
2	FILER NAME		3	Filer ID	(Ethics Commission F	-ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
_	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	10/31/2023	Texas Dow Employees Credit Union			y unount (¢)	\$2.23
	10/01/2020					Ψ2.20
		6 Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		_	ck if politic	cal conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2023	Texas Dow Employees Credit Union				\$0.06
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		<u> </u>	ck if politic	cal conti	i ribution returned to filer	
		Interest	on in pointing	Jan 001111	ibation retained to mer	
					T	
	Date	Name of person from whom amount is received			Amount (\$)	
	11/30/2023	Texas Dow Employees Credit Union				\$3.43
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
		Purpose for which amount is received	ck if polition	cal conti	ribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/30/2023	Texas Dow Employees Credit Union			( )	\$0.06
		Address of person from whom amount is received: City; State; Zip Code				40.00
		Address of person from whom amount is received, City, State, 2th Code				
		Lake Jackson, TX 77566				
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		Interest	ск и роши	cai conti	ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	11/30/2023	Texas Dow Employees Credit Union				\$2.16
		Address of person from whom amount is received; City; State; Zip Code		•••••		
		Lake Jackson, TX 77566				
		Purpose for which amount is received Chec	ck if politic	cal conti	ribution returned to filer	
		Interest				
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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /5 Rpt: 57/58	
2	FILER NAME		3	Filer ID	(Ethics Commission F	ilers)
	Vasut, Cody	T. (The Honorable)		00084	254	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	12/31/2023	Texas Dow Employees Credit Union				\$2.21
		6 Address of person from whom amount is received; City; State; Zip Code				<del></del>
		Address of person from whom amount is received, City, State, 2ip 3546				
		Lake Jackson, TX 77566				
			k if nolitio	ral contr	I ribution returned to filer	
		Interest	/K ii po	Jul 00	ibution roturnoù to	
H	Date				Λmaunt (Φ)	
	12/31/2023	Name of person from whom amount is received  Texas Dow Employees Credit Union			Amount (\$)	\$2.23
	12/31/2025					ΦΖ.ΖΟ
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			k if politic	ral contr	I ribution returned to filer	
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	Date	Name of person from whom amount is received			Amount (\$)	<b>ታ</b> Ω ΩC
	12/31/2023	Texas Dow Employees Credit Union				\$0.06
		Address of person from whom amount is received; City; State; Zip Code				
		Lake Jackson, TX 77566				
			k if politic	cal contr	I ribution returned to filer	
		Interest	nt ii poiliti	our corner	ibation retained to mer	
	Data	Name of parcen from whom amount is received			Amount (\$)	
	Date	Name of person from whom amount is received			Amount (\$)	ቀ2 26
	07/25/2023	Texas Gulf Bank				\$3.26
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
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		Interest	ik ii politic	zai comi	ibation retained to mer	
_	Data	Name of payon from whom amount is received			Amount (ft)	
	Date 08/27/2023	Name of person from whom amount is received  Texas Gulf Bank			Amount (\$)	\$4.03
	00/21/2023					Ψ4.03
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
			k if nolitic	ral contr	I ribution returned to filer	
		Interest	it ii politic	our cornu	ibation retained to mer	

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	The Instru	otion Cuido avaloino haveta complete this form	1	Fotal pa	ages Schedule K:	
	ine instru	ction Guide explains how to complete this form.	(	Sch: 5	/5 Rpt: 58/58	
2	FILER NAME		3 F	iler ID	(Ethics Commission F	ilers)
	Vasut, Cody T. (The Honorable) 00084.			254		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	09/25/2023	Texas Gulf Bank				\$0.81
		6 Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
		7 Purpose for which amount is received	olitica	al contr	ibution returned to filer	
		Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	10/25/2023	Texas Gulf Bank				\$0.39
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
		Purpose for which amount is received Check if p	olitica	al contr	ibution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/26/2023	Texas Gulf Bank				\$0.43
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton, TX 77515				
			olitica	al contr	ibution returned to filer	
L		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/25/2023	Texas Gulf Bank				\$0.64
		Address of person from whom amount is received; City; State; Zip Code				
		Angleton TV 77515				
		Angleton, TX 77515				
		Purpose for which amount is received	olitica	al contr	ibution returned to filer	
L		Interest				