

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00020051		2 Total pages filed: 51		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tom	MI MI	Date Received <b>ELECTRONICALLY FILED</b> 01/18/2024	
	NICKNAME	LAST Craddick	SUFFIX		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Date Processed
		07/01/2023		12/31/2023	Date Imaged

6 EXPLANATION OF CORRECTION  
 Added missing Schedule K entry for reimbursement from office holder for all 2023 Austin living expenses

7 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

The Honorable Tom Craddick  
\_\_\_\_\_

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00020051	<b>2</b> Total pages filed: 51	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tom	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/18/2024
	NICKNAME	LAST Craddick	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; Two Lakes Dr.  Midland, TX 79705		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #
				Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Bill	MI	
	NICKNAME	LAST Heck	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Two Lakes Dr.  Midland, TX 79705			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(432)	682-3000		
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH
	07	01	2023	12/31/2023
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11	05	2024	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 82		<b>12</b> OFFICE SOUGHT (if known) State Representative District 82	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Craddick, Tom (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00020051
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:25%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>			
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>									
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>									
	<input type="checkbox"/> SPECIFIC										
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>											
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>											

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	28,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	53,892.59
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	123,065.93
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 The Honorable Tom Craddick  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Craddick, Tom (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00020051
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,525.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9,876.44
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 490.28
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 30,355.77

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 5/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Boone Humphries Robinson, LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027-7537	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2656	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CenterPoint Energy PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77210-4567	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dang, Kimberly A. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-5083	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golemon, R. Kinnan (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1801	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 6/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOMEPAAC of Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1957	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HS Law PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1696	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hance, Kent R. <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79409	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardeman, Bryan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1513	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longbow Partners <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1827	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 7/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann, James E. (Mr.)	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78767-1149	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Occidental Petroleum Corporation (OXPAC)	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Washington, DC 20006-5804	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phenix, Billy	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78746-1676	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poinsett PLLC	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2134	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz, Page & Harding, LLP	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77056-3044	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 8/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon, Fred (Mr.)	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1026		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spreen, Lauren (Ms.)	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78703-1943		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Chemical Council/Assn. Of Chemical Industry Of TX Free	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
Contributor address; City; State; Zip Code  Austin, TX 78701-1508		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00040394</u> ) The Williams Companies, Inc. PAC	Amount of Contribution (\$) <span style="float:right">\$2,500.00</span>
Contributor address; City; State; Zip Code  Tulsa, OK 74172		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00274431</u> ) UnitedHealth Group PAC	Amount of Contribution (\$) <span style="float:right">\$1,000.00</span>
Contributor address; City; State; Zip Code  Washington, DC 20004-2692		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 9/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weekley, Richard W. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/20 Rpt: 10/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 10/02/2023	<b>5</b> Payee name Ahart, Doug	
<b>6</b> Amount (\$) \$1,003.17	<b>7</b> Payee address; City; State; Zip Code 113 Cloverleaf Cv  Buda, TX 78610	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pilot services legislative meetings College Station
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name American Express	
Amount (\$) \$1,199.00	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name American Express	
Amount (\$) \$553.45	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/20 Rpt: 11/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/30/2023	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$877.51	<b>7</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/31/2023	Payee name American Express	
Amount (\$) \$4,841.35	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/30/2023	Payee name American Express	
Amount (\$) \$1,218.78	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/20 Rpt: 12/51	<b>2</b>	FILER NAME Craddick, Tom (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00020051
<b>4</b>	Date 12/31/2023	<b>5</b>	Payee name American Express		
<b>6</b>	Amount (\$) \$1,197.32	<b>7</b>	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/01/2023		Payee name American Legislative Exchange Council		
	Amount (\$) \$200.00		Payee address; City; State; Zip Code 1129 20th St NW Ste 500  Washington, DC 20036-3479		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/29/2023		Payee name Craddick, Thomas R.		
	Amount (\$) \$490.28		Payee address; City; State; Zip Code 2 Lakes Dr  Midland, TX 79705-1929		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Schedule G expenditures		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/20 Rpt: 13/51	<b>2</b>	FILER NAME Craddick, Tom (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00020051
<b>4</b>	Date 12/06/2023	<b>5</b>	Payee name Diamond K Aero		
<b>6</b>	Amount (\$) \$2,818.20	<b>7</b>	Payee address; City; State; Zip Code PO Box 909  Caldwell, TX 77836-0909		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight services legislative meetings College Station		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/11/2023		Payee name Erickson Demel & Co., PLLC		
	Amount (\$) \$575.00		Payee address; City; State; Zip Code 7800 N Mopac Expy Ste 105  Austin, TX 78759-8961		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax consulting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/03/2023		Payee name HEB Credit Receivables		
	Amount (\$) \$180.55		Payee address; City; State; Zip Code PO Box 839988  San Antonio, TX 78283-3988		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/20 Rpt: 14/51	<b>2</b>	FILER NAME Craddick, Tom (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00020051
<b>4</b>	Date 07/14/2023	<b>5</b>	Payee name Hunnicut, Retha		
<b>6</b>	Amount (\$) \$1,459.44	<b>7</b>	Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/10/2023		Payee name Hunnicut, Retha		
	Amount (\$) \$1,459.43		Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/15/2023		Payee name Hunnicut, Retha		
	Amount (\$) \$1,459.44		Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/20 Rpt: 15/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 10/13/2023	<b>5</b> Payee name Hunnicut, Retha	
<b>6</b> Amount (\$) \$1,459.43	<b>7</b> Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Hunnicut, Retha	
Amount (\$) \$1,459.43	Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2023	Payee name Hunnicut, Retha	
Amount (\$) \$3,179.23	Payee address; City; State; Zip Code 1902 W Ohio Ave  Midland, TX 79701-5944	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/20 Rpt: 16/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 09/18/2023	<b>5</b> Payee name InfoUSA Marketing, Inc.-A Sub Of Infogroup Inc.	
<b>6</b> Amount (\$) \$378.90	<b>7</b> Payee address; City; State; Zip Code Po Box 955146  Saint Louis, MO 63195-5146	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense City Directory
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Judd, Rich	
Amount (\$) \$1,237.78	Payee address; City; State; Zip Code 3301 Summer Canyon Dr  Austin, TX 78732-1905	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pilot services legislative meetings College Station
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2023	Payee name Keel Systems	
Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/20 Rpt: 17/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> Date 09/07/2023	<b>5</b> Payee name Keel Systems
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<b>6</b> Amount (\$) \$786.96	<b>7</b> Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/19/2023	Payee name Keel Systems
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Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2023	Payee name Keel Systems
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Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/20 Rpt: 18/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> Date 11/08/2023	<b>5</b> Payee name Keel Systems
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<b>6</b> Amount (\$) \$786.96	<b>7</b> Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Keel Systems
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Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669-1631
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database and compliance services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2023	Payee name Midland County Republican Women
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Amount (\$) \$70.00	Payee address; City; State; Zip Code 909 Bedford Dr  Midland, TX 79701-4108
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/20 Rpt: 19/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 07/27/2023	<b>5</b> Payee name Optimum	
<b>6</b> Amount (\$) \$134.59	<b>7</b> Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/28/2023	Payee name Optimum	
Amount (\$) \$134.59	Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/27/2023	Payee name Optimum	
Amount (\$) \$134.59	Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/20 Rpt: 20/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 10/27/2023	<b>5</b> Payee name Optimum	
<b>6</b> Amount (\$) \$134.59	<b>7</b> Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2023	Payee name Optimum	
Amount (\$) \$134.59	Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name Optimum	
Amount (\$) \$134.59	Payee address; City; State; Zip Code 3001 W Loop 250 N Ste C113  Midland, TX 79705-3210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office cable service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/20 Rpt: 21/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> Date 07/13/2023	<b>5</b> Payee name Paychex
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<b>6</b> Amount (\$) \$171.90	<b>7</b> Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/13/2023	Payee name Paychex
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Amount (\$) \$322.43	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2023	Payee name Paychex
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Amount (\$) \$322.44	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/20 Rpt: 22/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 08/15/2023	<b>5</b> Payee name Paychex	
<b>6</b> Amount (\$) \$155.91	<b>7</b> Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2023	Payee name Paychex	
Amount (\$) \$322.43	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2023	Payee name Paychex	
Amount (\$) \$155.91	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 14/20 Rpt: 23/51	<b>2</b>	FILER NAME Craddick, Tom (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00020051
<b>4</b>	Date 10/12/2023	<b>5</b>	Payee name Paychex		
<b>6</b>	Amount (\$) \$322.44	<b>7</b>	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/13/2023		Payee name Paychex		
	Amount (\$) \$171.90		Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/14/2023		Payee name Paychex		
	Amount (\$) \$322.44		Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 15/20 Rpt: 24/51	<b>2</b>	FILER NAME Craddick, Tom (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00020051
<b>4</b>	Date 11/15/2023	<b>5</b>	Payee name Paychex		
<b>6</b>	Amount (\$) \$155.91	<b>7</b>	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/18/2023		Payee name Paychex		
	Amount (\$) \$1,163.07		Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal income tax withholding		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/18/2023		Payee name Paychex		
	Amount (\$) \$219.87		Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100  San Antonio, TX 78228-1359		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll service		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/20 Rpt: 25/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 07/14/2023	<b>5</b> Payee name Raines, Abby	
<b>6</b> Amount (\$) \$461.75	<b>7</b> Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2023	Payee name Raines, Abby	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2023	Payee name Raines, Abby	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/20 Rpt: 26/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 10/13/2023	<b>5</b> Payee name Raines, Abby	
<b>6</b> Amount (\$) \$461.75	<b>7</b> Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/15/2023	Payee name Raines, Abby	
Amount (\$) \$461.75	Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 12/16/2023	Payee name Raines, Abby	
Amount (\$) \$2,217.92	Payee address; City; State; Zip Code 100 Pin Oak St  Dripping Springs, TX 78620-4367	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/20 Rpt: 27/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 08/01/2023	<b>5</b> Payee name Ready Refresh By Nestle	
<b>6</b> Amount (\$) \$22.37	<b>7</b> Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Ready Refresh By Nestle	
Amount (\$) \$22.37	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Ready Refresh By Nestle	
Amount (\$) \$158.67	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4  Louisville, KY 40258-3950	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/20 Rpt: 28/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 08/28/2023	<b>5</b> Payee name Ready Refresh	
<b>6</b> Amount (\$) \$120.93	<b>7</b> Payee address; City; State; Zip Code PO Box 856680  Louisville, KY 40285-6680	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2023	Payee name Republican Party of Texas	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1108 Lavaca St Ste 500  Austin, TX 78701-2125	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Tarry House, Inc.	
Amount (\$) \$649.52	Payee address; City; State; Zip Code PO Box 5583  Austin, TX 78763-5583	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues; April, May, June and July
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/20 Rpt: 29/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 11/17/2023	<b>5</b> Payee name Tarry House, Inc.	
<b>6</b> Amount (\$) \$487.14	<b>7</b> Payee address; City; State; Zip Code PO Box 5583  Austin, TX 78763-5583	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2023	Payee name U.S. Post Office	
Amount (\$) \$126.00	Payee address; City; State; Zip Code 100 E Wall St  Midland, TX 79701-5243	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 rolls of stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2023	Payee name U.S. Post Office	
Amount (\$) \$8.56	Payee address; City; State; Zip Code 100 E Wall St  Midland, TX 79701-5243	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Shipping	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Certified mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/19 Rpt: 30/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 10/25/2023	<b>6</b> Payee name Alonti Cafe & Catering
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<b>7</b> Amount (\$) \$237.31	<b>8</b> Payee address; City; State; Zip Code 1001 Fannin St  Houston, TX 77002-6706
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/15/2023	Payee name American Express
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Amount (\$) \$175.00	Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign credit card fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/19 Rpt: 31/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b>
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<b>5</b> Date 10/16/2023	<b>6</b> Payee name American Express
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<b>7</b> Amount (\$) \$50.00	<b>8</b> Payee address; City; State; Zip Code PO Box 650448  Dallas, TX 75265-0448
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign credit card fees
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2023	Payee name Astin Limited LLC
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Amount (\$) \$682.00	Payee address; City; State; Zip Code 1680 George Bush Dr W  College Station, TX 77845-4773
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Travel Out of District	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/19 Rpt: 32/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/07/2023	<b>6</b> Payee name CMT Houston
-----------------------------	------------------------------------

<b>7</b> Amount (\$) \$56.40	<b>8</b> Payee address; City; State; Zip Code 16702 Lee Rd  Humble, TX 77396-1719
---------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston transportation
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2023	Payee name Capitol Gift Shop
--------------------	---------------------------------

Amount (\$) \$450.86	Payee address; City; State; Zip Code 1400 Congress Ave  Austin, TX 78701-1932
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent holiday gifts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/19 Rpt: 33/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 10/02/2023	<b>6</b> Payee name Cowboy Prime
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<b>7</b> Amount (\$) \$194.02	<b>8</b> Payee address; City; State; Zip Code 200 Spring Park Dr Ste 210  Midland, TX 79705-4644
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative meeting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2023	Payee name Cutter Aviation
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Amount (\$) \$1,080.00	Payee address; City; State; Zip Code 600 S Hangar Dr  Georgetown, TX 78628-2270
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/19 Rpt: 34/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 09/28/2023	<b>6</b> Payee name Cutter Aviation
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<b>7</b> Amount (\$) \$1,398.60	<b>8</b> Payee address; City; State; Zip Code 600 S Hangar Dr  Georgetown, TX 78628-2270
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/13/2023	Payee name DoorDash
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Amount (\$) \$48.76	Payee address; City; State; Zip Code 116 New Montgomery St  San Francisco, CA 94105-3622
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/19 Rpt: 35/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/28/2023	<b>6</b> Payee name Enstrom Candies
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<b>7</b> Amount (\$) \$575.76	<b>8</b> Payee address; City; State; Zip Code 701 Colorado Ave  Grand Junction, CO 81501-3514
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for constituents
----------------------------------	--	--

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/02/2023	Payee name Extra Space Storage
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Amount (\$) \$482.00	Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/19 Rpt: 36/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 08/02/2023	<b>6</b> Payee name Extra Space Storage
-----------------------------	--

<b>7</b> Amount (\$) \$482.00	<b>8</b> Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
----------------------------------	---	---

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/02/2023	Payee name Extra Space Storage
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Amount (\$) \$482.00	Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/19 Rpt: 37/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 10/02/2023	<b>6</b> Payee name Extra Space Storage
-----------------------------	--

<b>7</b> Amount (\$) \$482.00	<b>8</b> Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
----------------------------------	---	---

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name Extra Space Storage
--------------------	-----------------------------------

Amount (\$) \$482.00	Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/19 Rpt: 38/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 12/02/2023	<b>6</b> Payee name Extra Space Storage
-----------------------------	--

<b>7</b> Amount (\$) \$482.00	<b>8</b> Payee address; City; State; Zip Code 2504 N Loop 250 W  Midland, TX 79707-6024
----------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign storage rent
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2023	Payee name Godaddy.com
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Amount (\$) \$22.17	Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 226  Scottsdale, AZ 85260-6993
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain renewal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/19 Rpt: 39/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/01/2023	<b>6</b> Payee name Godaddy.com
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<b>7</b> Amount (\$) \$226.70	<b>8</b> Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 226  Scottsdale, AZ 85260-6993
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain renewal
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2023	Payee name Insomnia Cookies
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Amount (\$) \$36.28	Payee address; City; State; Zip Code 2323 San Antonio St  Austin, TX 78705-5227
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/19 Rpt: 40/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 07/13/2023	<b>6</b> Payee name Intuit
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<b>7</b> Amount (\$) \$272.11	<b>8</b> Payee address; City; State; Zip Code PO Box 34328  Seattle, WA 98124-1328
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign checks stock
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/13/2023	Payee name Intuit
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Amount (\$) \$45.93	Payee address; City; State; Zip Code PO Box 34328  Seattle, WA 98124-1328
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign checks stock
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/19 Rpt: 41/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 10/26/2023	<b>6</b> Payee name La Madeleine
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<b>7</b> Amount (\$) \$87.47	<b>8</b> Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy  West Lake Hills, TX 78746-5243
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2023	Payee name La Madeleine
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Amount (\$) \$52.01	Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy  West Lake Hills, TX 78746-5243
------------------------	--

<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 13/19 Rpt: 42/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/17/2023	<b>6</b> Payee name LevelUp
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<b>7</b> Amount (\$) \$13.83	<b>8</b> Payee address; City; State; Zip Code 1 Federal St Fl 6  Boston, MA 02110-2003
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2023	Payee name McAfee Software
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Amount (\$) \$70.35	Payee address; City; State; Zip Code 3965 Freedom Cir  Santa Clara, CA 95054-1203
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 14/19 Rpt: 43/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 09/27/2023	<b>6</b> Payee name Mercedes Flowers
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<b>7</b> Amount (\$) \$411.35	<b>8</b> Payee address; City; State; Zip Code 12919 Nutty Brown Rd  Austin, TX 78737-9239
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flowers for legislative meeting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/25/2023	Payee name Premier Parking
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Amount (\$) \$15.05	Payee address; City; State; Zip Code PO Box 60708  Midland, TX 79711-0708
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 15/19 Rpt: 44/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/09/2023	<b>6</b> Payee name Premier Parking
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<b>7</b> Amount (\$) \$40.61	<b>8</b> Payee address; City; State; Zip Code PO Box 60708  Midland, TX 79711-0708
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston parking
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2023	Payee name Premiere Parking Company
--------------------	--

Amount (\$) \$15.05	Payee address; City; State; Zip Code 2700 Windecker St  Midland, TX 79706-2902
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Dallas travel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 16/19 Rpt: 45/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 11/17/2023	<b>6</b> Payee name Rudy's Country Store
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<b>7</b> Amount (\$) \$90.93	<b>8</b> Payee address; City; State; Zip Code 2451 S Capital of Texas Hwy  Austin, TX 78746-7734
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative related meeting
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2023	Payee name Samuel
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Amount (\$) \$34.80	Payee address; City; State; Zip Code 8849 Fair Oaks Xing Apt 2041  Dallas, TX 75243-7913
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 17/19 Rpt: 46/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 07/05/2023	<b>6</b> Payee name Spectrum
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<b>7</b> Amount (\$) \$146.62	<b>8</b> Payee address; City; State; Zip Code PO Box 503478  Saint Louis, MO 63150-0001
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Communications for office holder Austin living expense
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2023	Payee name Taxi Dallas
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Amount (\$) \$56.40	Payee address; City; State; Zip Code 12213 Plano Rd  Dallas, TX 75243-9139
------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dallas transportation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 18/19 Rpt: 47/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date 08/25/2023	<b>6</b> Payee name Taxi Dallas
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<b>7</b> Amount (\$) \$45.96	<b>8</b> Payee address; City; State; Zip Code 12213 Plano Rd  Dallas, TX 75243-9139
---------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dallas transportation
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2023	Payee name The Boulevard At Town Lake
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Amount (\$) \$192.61	Payee address; City; State; Zip Code 2600 Lake Austin Blvd  Austin, TX 78703-4427
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Office Holder Austin Living Expenses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 19/19 Rpt: 48/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date 09/10/2023	<b>6</b> Payee name Zoom Video Communications, Inc.
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<b>7</b> Amount (\$) \$159.50	<b>8</b> Payee address; City; State; Zip Code 55 Almaden Blvd Ste 600  San Jose, CA 95113-1612
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference call
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 49/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 07/24/2023	<b>5</b> Payee name AT&T Mobility	
<b>6</b> Amount (\$) \$84.67  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Telecommunications	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/22/2023	Payee name AT&T Mobility	
Amount (\$) \$81.07  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Telecommunications	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/26/2023	Payee name AT&T Mobility	
Amount (\$) \$81.07  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Telecommunications	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 50/51	<b>2</b> FILER NAME Craddick, Tom (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 10/23/2023	<b>5</b> Payee name AT&T Mobility	
<b>6</b> Amount (\$) \$81.07  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Telecommunications	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/22/2023	Payee name AT&T Mobility	
Amount (\$) \$81.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Telecommunications	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 12/20/2023	Payee name AT&T Mobility	
Amount (\$) \$81.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 650574  Dallas, TX 75265-0574	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Telecommunications	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone service
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 51/51
<b>2</b> FILER NAME Craddick, Tom (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00020051
<b>4</b> Date 12/15/2023	<b>5</b> Name of person from whom amount is received Craddick, Tom	<b>8</b> Amount (\$) \$30,355.77
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Midland, TX 79705	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Reimburse campaign for 2023 total paid for Austin office holder living expenses.	