CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

00020051	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
		51			Date Received	
CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
OFFICEHOLDER NAME	The Honorable	Tom			01/18/2024	
	NICKNAME	LAST		SUFFIX	1	
		Craddick			Date Hand-delivered	l or Date Postmarked
ORIGINAL	χ January 15	Runoff	Other (specify)	Date Hand-delivered	of Date Fostmarked
REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after cam			1	
	8th day before election	appointment (office	• • •		Date Processed	•
ODICINAL DEDICE		<u> </u>	·	Voor	_	
ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2023	THROUGH	Month Day 12/31/2023	Year	Date Imaged	
EVEL ANIATION OF C			12/31/2023			
EXPLANATION OF C	dule K entry for reimbursem					
AFFIDAVIT		l sw	ear, or affirm, under p	enalty of perjury	y, that this correct	ed report is true
AFFIDAVIT			ear, or affirm, under p correct.	penalty of perjury	y, that this correct	ed report is true
AFFIDAVIT		and				ed report is true
AFFIDAVIT		and	correct.	y and all applica s: I swear, or aith and without	ble statements: affirm that the ori an intent to misle	ginal report
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report was made in good f	y and all applica s: I swear, or aith and without formation contain swear, or affirm, the 14th busine iginally filed is in any error or or	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing thi ses day after the di	iginal report ad or to is corrected ate I learned nplete. I
AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.	y and all applica s: I swear, or aith and without formation contain swear, or affirm, the 14th busine iginally filed is in at any error or or bood faith.	ble statements: affirm that the orian intent to mislened in the report. that I am filing thess day after the diaccurate or inconnission in the report.	iginal report ad or to is corrected ate I learned nplete. I
	AMP / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.	y and all applica s: I swear, or aith and without formation contain swear, or affirm, the 14th busine iginally filed is in at any error or or bood faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing the ess day after the d naccurate or incon nission in the repo	iginal report ad or to is corrected ate I learned nplete. I
AFFIX NOTARY ST		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good The	y and all applica s: I swear, or aith and without formation contain swear, or affirm, the 14th busine iginally filed is in at any error or or bood faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing the ess day after the d accurate or incon mission in the report om Craddick or Officeholder	iginal report ead or to is corrected late I learned nplete. I ort as originally
AFFIX NOTARY ST	TAMP / SEAL ABOVE ribed before me, by the sai	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good The	y and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine iginally filed is ir any error or or ood faith. e Honorable To ure of Candidate	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing the ess day after the d accurate or incon mission in the report om Craddick or Officeholder	iginal report ead or to is corrected late I learned nplete. I ort as originally

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00020051		2 Total pages f	iled: 51
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tom		MI	OFFICE Date Received ELECTRONIC	USE ONLY
	NICKNAME	LAST Craddick		SUFFIX	01/18/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AF Two Lakes Dr.	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked Amount
Change of Address	Midland, TX 79705				Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Bill		MI		
	NICKNAME	LAST Heck		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P Two Lakes Dr.	O BOX PLEASE);	AP	T / SUITE #; CIT	·Y; ST	ATE; ZIP CODE
(Residence or Business)	Midland, TX 79705					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (432) 682-3000	ONE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after ca appointment (off	
9 PERIOD COVERED	Month Day Year 07/01/2023		IROUGH	Month Da 12/31/2		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary seneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Dis	strict 82		12 OFFICE SOUG State Represe	HT (if known) entative District 82	
		GO T	O PAGE 2	•		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 51

13 C / OH NAME	Craddick, Tom (The I	Honorable)	14 Filer ID (E 00020051	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	nolder's knowledge or					
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
Ш	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 28,250.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 53,892.59					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 123,065.93					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The Hon	orable Tom Craddick						
		Signature of	Candidate or Officehold	er					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				4 0f 51					
18 FILER N Craddic	(Ethics	Commission Filers)							
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	28,250.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	43,525.87						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,876.44					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	490.28					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	30,355.77					
			_						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	•
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/51	
2	FILER NAME Craddick, To	m (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020051	
4	Date 09/26/2023	 Full name of contributor		7	Amount of Contribution (\$) \$2,500	.00
_	Dringing age	Houston, TX 77027-7537	2. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000	.00	
	Principal occu	Austin, TX 78701-2656 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#: CenterPoint Energy PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500	.00
		Houston, TX 77210-4567				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Dang, Kimberly A. Contributor address; City; State; Zip Code Houston, TX 77002-5083			Amount of Contribution (\$) \$500	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:_Golemon, R. Kinnan (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701-1801)		Amount of Contribution (\$) \$250	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this form.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/51	
2	FILER NAME Craddick, To	om (The Honorable)			Filer ID (Ethics Commission 00020051	n Filers)
4	Date 09/26/2023	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701-1957 pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 09/26/2023	Full name of contributor out-of-state HS Law PAC			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/26/2023	Full name of contributor out-of-state Hance, Kent R. Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Lubbock, TX 79409 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5,000.00
	Principal occu Business ow	Austin, TX 78703-1513 pation / Job title (See Instructions) rner	Employer (See Instructions Self	l ns)		
	Date 09/26/2023	Full name of contributor out-of-state Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701-1827	PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/51	
2	FILER NAME Craddick, To	m (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 09/26/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
0	Principal occu	Austin, TX 78767-1149	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Occidental Petroleum Corporation (OXYPAC) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Washington, DC 20006-5804 pation / Job title (See Instructions)	Employer (See Instructions) 		
	i illoipai ooda	salion, cos uno (cos mondolono)	Employer (eee meadeans	,		
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Phenix, Billy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78746-1676				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2023				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: Schwartz, Page & Harding, LLP Contributor address; City; State; Zip Code Houston, TX 77056-3044			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/51	
2	FILER NAME	m (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 09/26/2023	 5 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
	Dringing occur	Austin, TX 78701-1026	Employer (See Instructions)	<u></u>		
8	Date 09/26/2023	pation / Job title (See Instructions) Full name of contributor	- -	Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2023 Texas Chemical Council/Assn. Of Chemical Industry Of TX Free Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1508 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> s)		
	Date 12/22/2023	Full name of contributor X out-of-state PAC (ID#: C The Williams Companies, Inc. PAC Contributor address; City; State; Zip Code	000040394)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Tulsa, OK 74172 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 5)		
	Date 09/26/2023	Full name of contributor x out-of-state PAC (ID#: C UnitedHealth Group PAC Contributor address; City; State; Zip Code Washington, DC 20004-2692	000274431)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

09/26/2023 Weekley, Richard W. (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77027		n.		Total pages Schedule A1: Sch: 5/5 Rpt: 9/51 Filer ID (Ethics Commissio 00020051	n Filers)		
Craddick, Tom (The Honorable) 4 Date	: <u> </u>)		Filer ID (Ethics Commissio	n Filers)		
09/26/2023 Weekley, Richard W. (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77027	:		7	00020001			
		Date 5 Full name of contributor out-of-state PAC (ID#:) 09/26/2023 Weekley, Richard W. (Mr.)					
8 Principal occupation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>				
Investor		Self	·)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 10/51	Craddick, Tom (The Honorable)	00020051
4	Date	5 Payee name	•
	10/02/2023	Ahart, Doug	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,003.17	113 Cloverleaf Cv	
		Buda, TX 78610	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Pilot services legislative meetings College Station
			inot services registative meetings conege citation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.1100 1.010
=	Date	Payee name	
	07/31/2023	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,199.00	PO Box 650448	
	, —, — · · · ·		
		Dallas, TX 75265-0448	
_	PURPOSE		Description
	OF	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[Check if Austin, TX, officeholder living expense
			Payment of credit card bill
			200
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/31/2023	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$553.45	PO Box 650448	
		Dallas, TX 75265-0448	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
			Payment of credit card bill
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memori Legal Services The Instruction	·		ages	/Contract Labor		Travel Out of OTHER (ente	District r a category not listed a	bove)
1	Total pages Schedule F1:	2	FII FR NIAME		<u> </u>				3	Filer ID	(Ethics Commiss	sion Filers)
Ĺ	Sch: 3/20 Rpt: 12/51			om (The Hond	orable)					0002005	•	
4	Date	5	Payee name									
	12/31/2023		American E	xpress								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$1,197.32		PO Box 650)448								
			Dallas, TX	75265-0448								
8	PURPOSE	(a)		ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Credit Card	Payment							omplete Schedule T.	
								Payment of c				
								. ayıncını or c		Jaia bill		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office sou	aht			Office	held	
	expenditure to benefit C/O		Janualo, OIII	Sonoidel Hairie	`	omec sou	9111			Jilice	TIOIU	
_	Date	Π	Payee name									
	08/01/2023		•	egislative Exc	hange Counc	cil						
	Amount (\$)	⊢	Payee addre			z; Zip Co	de					
	\$200.00		•	ss,		, ∠ι μ C0	ue					
	Φ Ζ U U. U U		1172 S7111 S	DE INVV SIE SUU	,							
			Washingtor	ı, DC 20036-3	479							
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	-	·	ŕ		=			omplete Schedule T.	
	LAI LADITURE							Check if Austin,	, TX,	officeholder liv	ring expense	
								Membership				
	Commission ONU Wife allows	L	Damaliale te 10 "			Office	ou lo +			Ott.	la a l al	
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offi	ceholder name		Office sou	ynt 			Office	nela	
	Date		Payee name									
	12/29/2023		Craddick, T	homas R.								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$490.28		2 Lakes Dr									
			Midland, TX	79705-1929								
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Loan Repay	/ment/Reimbu	rsement			Check if travel of Check if Austin,			omplete Schedule T.	
								Payment for \$				
								. ayındını idi s	JU1	.54410 0 6	portaitui 00	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office sou	aht			Office	held	
	expenditure to benefit C/O				·		J			230		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 13/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	12/06/2023	Diamond K Aero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,818.20	PO Box 909
		Caldwell, TX 77836-0909
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight services legislative meetings College Station
		r light services registative meetings conlege station
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/11/2023	Erickson Demel & Co., PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$575.00	7800 N Mopac Expy Ste 105
	Ψ373.00	1000 N World Expy Ste 103
		Austin, TX 78759-8961
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax consulting
		. as too hours in
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/03/2023	HEB Credit Receivables
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.55	PO Box 839988
	4 200.00	
		San Antonio, TX 78283-3988
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office refreshments
		Office Terrestiments
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 14/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	07/14/2023	Hunnicutt, Retha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,459.44	1902 W Ohio Ave
		Midland, TX 79701-5944
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
		, solot man sampaigin and onlos notes. dates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/10/2023	Hunnicutt, Retha
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,459.43	1902 W Ohio Ave
		Midland, TX 79701-5944
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
		, solot man sampaight and onlos notice added
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/15/2023	Hunnicutt, Retha
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,459.44	1902 W Ohio Ave
		Midland, TX 79701-5944
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
		Assist with campaign and office noider duties
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
H		
1		

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Poli Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/20 Rpt: 15/51	Craddick, Tom (The Honorable) 00020051
4 Date	5 Payee name
10/13/2023	Hunnicutt, Retha
6 Amount (\$) \$1,459.4	7 Payee address; City; State; Zip Code 1902 W Ohio Ave Midland, TX 79701-5944
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Assist with campaign and office holder duties
Complete <u>ONLY</u> if direct expenditure to benefit Company	
Date	Payee name
11/15/2023	Hunnicutt, Retha
Amount (\$) \$1,459.4	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit Co	o
Date	Payee name
12/16/2023	Hunnicutt, Retha
Amount (\$) \$3,179.2	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
Complete ONLY if direct expenditure to benefit Ca	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 16/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	09/18/2023	InfoUSA Marketing, IncA Sub Of Infogroup Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$378.90	Po Box 955146
		Saint Louis, MO 63195-5146
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		City Directory
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/27/2023	Judd, Rich
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,237.78	3301 Summer Canyon Dr
		Austin, TX 78732-1905
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Pilot services legislative meetings College Station
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/04/2023	Keel Systems
	Amount (\$)	Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database and compliance services
		Salabass and compliance services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 17/51	Craddick, Tom (The Honorable)	00020051
4		5 Payee name	
	09/07/2023	Keel Systems	
6	` ′	7 Payee address; City; State; Zip Code	
	\$786.96	23812 Tres Coronas	
	l	Spicowood TV 70660 1621	
_	PURPOCE	Spicewood, TX 78669-1631	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	f Austin, TX, officeholder living expense
	l	Databas	se and compliance services
_	Operation ONLY if dispose	Our distance (Office Incident our area	Office held
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
_	Data		
	Date 09/19/2023	Payee name Keel Systems	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$786.96	23812 Tres Coronas	
	4	20012 1100 001011100	
		Spicewood, TX 78669-1631	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ CCounting/Danking	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
	l		se and compliance services
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit 6/01		
	Date	Payee name	
	10/03/2023	Keel Systems	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$786.96	23812 Tres Coronas	
		Spicewood, TX 78669-1631	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	/tecounting/Danking	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
			se and compliance services
	l		·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 18/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	11/08/2023	Keel Systems
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database and compliance services
		Batabase and compilative services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	12/04/2023	Keel Systems
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas
		Spicewood, TX 78669-1631
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database and compliance services
		Batabase and compilative services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/11/2023	Midland County Republican Women
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 909 Bedford Dr
	\$70.00	909 Bealord Di
		Midland, TX 79701-4108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 10/20 Rpt: 19/51	Craddick, Tom (The Honorable) 00020051				
4	Date	5 Payee name				
	07/27/2023	Optimum				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$134.59	3001 W Loop 250 N Ste C113				
		Midland, TX 79705-3210				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office cable service				
		Office easie Service				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/OI					
	Date	Payee name				
	08/28/2023	Optimum				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$134.59	3001 W Loop 250 N Ste C113				
		Midland, TX 79705-3210				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
EXI ENDITORE		Check if Austin, TX, officeholder living expense				
	Office cable service					
	0 1: 0 1: 0					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	·					
	Date	Payee name				
	09/27/2023	Optimum				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$134.59	3001 W Loop 250 N Ste C113				
		Midland, TX 79705-3210				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Office cable service				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experience to beliefit 6/01	·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 20/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	10/27/2023	Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.59	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office cable service
		Office dable service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/17/2023	Optimum
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.59	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office cable service
		Office dable service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/27/2023	Payee name Optimum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.59	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office cable service
		S55 543.5 551 1.55
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Wages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/20 Rpt: 21/51	Craddick, Tom (The Ho	norable)				00020051	
4	Date	5 Payee name						
	07/13/2023	Paychex						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
	\$171.90	4242 Woodcock Dr Ste	100					
		San Antonio, TX 78228						
8	PURPOSE OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Accounting/Banking			<u> </u>		de of Texas. Com officeholder living	plete Schedule T.
					Payroll service		omoonoidoi ming	, oxponed
					.,			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nam	e Office sou	ught			Office he	eld
	experialitare to benefit 6/61	'						
	Date	Payee name						
	07/13/2023	Paychex						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$322.43	4242 Woodcock Dr Ste	100					
		San Antonio, TX 78228	-1359	ı				
	PURPOSE OF	(a) Category (See Categories liste		(b)	Description			
	EXPENDITURE	Salaries/Wages/Contra	ct Labor				de of Texas. Com officeholder living	plete Schedule T.
					Federal incon			
								3
	Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O	I		Ū				
	Date	Payee name						
	08/14/2023	Paychex						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$322.44	4242 Woodcock Dr Ste	100					
		San Antonio, TX 78228	-1359					
	PURPOSE OF	(a) Category (See Categories liste		(b)	Description			
	EXPENDITURE	Salaries/Wages/Contraction	ct Labor					plete Schedule T.
					Federal incon		officeholder living	
					i caciai iliculi	ııc	tan witi ii iolu	"'9
_	Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	laht			Office he	-ld
	expenditure to benefit C/O		o once sou	agrit			Office He	Jiu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Gitt/Awards/Memorials Expense Printing							above)						
	Credit Card Payment			The Instruction	Guide exp	plains how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer	ID	(Ethics Commi	ssion Filers)
	Sch: 13/20 Rpt: 22/51		Craddick, To	om (The Hon	orable)					0002	20051		
4	Date	5	Payee name										
	08/15/2023	ı	Paychex										
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	de						
	\$155.91	l	-	cock Dr Ste 1		, ,							
			San Antonio	, TX 78228-1	1350								
_	DUDDOCE	⊢					/l -\						
8	PURPOSE OF			e Categories listed	at the top of	this schedule)	(a)	Description Check if travel (nutei	ide of Ta	avas Con	nplete Schedule T.	
	EXPENDITURE		Accounting/l	Banking				Check if Austin,					
								Payroll service	е				
9	Complete ONLY if direct		Candidate/Offic	eholder name	<u> </u>	Office sou	ght			(Office h	eld	
	expenditure to benefit C/OI	Н					•						
	Date	Π	Payee name										
	09/14/2023	ı	Paychex										
		├	-	City		Ctata: Zin Ca	do						
	Amount (\$)	l	Payee addres			State; Zip Co	ue						
	\$322.43		4242 WOOU	cock Dr Ste 1	.00								
			San Antonio	, TX 78228-1	L359								
	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of	this schedule)	(b)	Description					
	EXPENDITURE		Salaries/Wa	ges/Contract	t Labor			Check if travel of Check if Austin,				nplete Schedule T.	
					Federal incon								
								r cacrar moor	110	tox v	7101111010	an ig	
	Complete ONLY if direct		`andidate/Offic	eholder name		Office sou	aht				Office h	ماط	
	expenditure to benefit C/OI		odrididate/Offic	cholder hame		Office 300	giit			`	Jinee ii	ciu	
		_	_										
	Date	ı	Payee name										
	09/15/2023	\vdash	Paychex										
	Amount (\$)	l	Payee addres			State; Zip Co	de						
	\$155.91		4242 Woodd	ock Dr Ste 1	-00								
			San Antonio	, TX 78228-1	L359								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of	this schedule)	(b)	Description					
	OF EXPENDITURE		Accounting/l	Banking				브				nplete Schedule T.	
	LXI LINDITORL							Check if Austin,		, officeh	older livin	g expense	
								Payroll servic	е				
		L									- 40		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	•	Office sou	ght			(Office h	eld	
	Superiord to benefit 0/01	•											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/20 Rpt: 23/51	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	10/12/2023	Paychex
6	Amount (\$) \$322.44	7 Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100 San Antonio, TX 78228-1359
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal income tax withholding
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/13/2023	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$171.90	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. 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
	Date	Payee name
	11/14/2023	Paychex
	Amount (\$) \$322.44	Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal income tax withholding
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 16/20 Rpt: 25/51	Craddick, Tom (The Honorable)	00020051	
4	Date	5 Payee name		
	07/14/2023	Raines, Abby		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$461.75	100 Pin Oak St		
		Dripping Springs, TX 78620-4367		
8	PURPOSE	·····		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Calances/ Wages/ Contract Eabor	n, TX, officeholder living expense	
		Assist with c	ampaign and office holder duties	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	08/10/2023	Raines, Abby		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$461.75	100 Pin Oak St		
		Dripping Springs, TX 78620-4367		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense	
		Assist with c	ampaign and office holder duties	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	experiantire to benefit Grei			
	Date	Payee name		
	09/15/2023	Raines, Abby		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$461.75	100 Pin Oak St		
		Dripping Springs, TX 78620-4367		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.	
	EXPENDITORE		n, TX, officeholder living expense	
		Assist with c	ampaign and office holder duties	
	Complete ONE V'C	Condidate/Officeholder name	Office hald	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
					n Guide exp	lains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)
	Sch: 17/20 Rpt: 26/51		Craddick, To	om (The Hor	orable)					00020051		
4	Date	5	Payee name						_			
	10/13/2023		Raines, Abb	У								
6	Amount (\$)	7	Payee addres	ss; City;		State; Zip Co	nde					
ľ	\$461.75	ı	100 Pin Oak		`	State, Zip Ot	Juc					
	Ψ401.73		100 i iii Oak	. 31								
			Dripping Spi	rings, TX 78	520-4367							
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of th	his schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								_				
								ASSIST WITH Co	al I I I	daigh and d	ffice holder duties	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	eholder name	9	Office sou	ıght			Office h	neld	
	experialiture to benefit C/Oi	''										
	Date		Payee name									
	11/15/2023		Raines, Abb	У								
	Amount (\$)	t	Payee addres	s; City;		State; Zip Co	ode					
	\$461.75		100 Pin Oak	St								
			Drinning Sn	rings TV 70	S20 4267							
		├	Dripping Spi									
	PURPOSE OF		Category (Se			his schedule)	(b)	Description		df.T O	oralete Cohedule T	
	EXPENDITURE		Salaries/Wa	ges/Contrac	t Labor					officeholder livir	mplete Schedule T.	
								—			ffice holder duties	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	7	Office sou	ıaht			Office h	neld	
expenditure to benefit C/OI			zarialaato/ O III	oriolaer riarri	,	011100 000	ag. it			O III OO I	iolu	
		1										
	Date		Payee name									
	12/16/2023		Raines, Abb	У								
	Amount (\$)		Payee address	s; City;	5	State; Zip Co	ode					
	\$2,217.92		100 Pin Oak	St								
			Dripping Spi	rings, TX 78	620-4367							
	PURPOSE	(a)	Category (Se	e Categorios listor	Lat the top of the	his schadula)	(b)	Description				
	OF		Salaries/Wa			riis scriedule)	()		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		odianoo, wa	900/00111140	t Labor			Check if Austin	, TX,	officeholder livir	ng expense	
								Assist with ca	amp	paign and c	ffice holder duties	
	Complete ONLY if direct		Candidate/Offic	ceholder name	;	Office sou	ight			Office h	neld	
expenditure to benefit C/OH												
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 18/20 Rpt: 27/51	Craddick, Tom (The Honorable) 00020051				
4	Date	5 Payee name				
	08/01/2023	Ready Refresh By Nestle				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$22.37	6661 Dixie Hwy Ste 4				
		Louisville, KY 40258-3950				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office refreshments				
		Office refreshifterits				
L	2					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitate to belieff 6/01	'				
	Date	Payee name				
	09/27/2023	Ready Refresh By Nestle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$22.37	6661 Dixie Hwy Ste 4				
						
		Louisville, KY 40258-3950				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Office refreshments				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held				
	experiantare to benefit of er					
	Date	Payee name				
	12/06/2023	Ready Refresh By Nestle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$158.67	6661 Dixie Hwy Ste 4				
		Louisville, KY 40258-3950				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LAI LINDITORE	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				
L	capenditule to belieff C/Of	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/19 Rpt: 30/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/25/2023 Alonti Cafe & Catering Amount (\$) Payee address; State; Zip Code \$237.31 1001 Fannin St Houston, TX 77002-6706 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2023 American Express Amount (\$) Payee address; City; State; Zip Code \$175.00 PO Box 650448 Dallas, TX 75265-0448 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign credit card fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/19 Rpt: 31/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/16/2023 American Express Amount (\$) Payee address; State; Zip Code City; \$50.00 PO Box 650448 Dallas, TX 75265-0448 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign credit card fees 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/23/2023 Astin Limited LLC Amount (\$) Payee address; City; State; Zip Code \$682.00 1680 George Bush Dr W College Station, TX 77845-4773 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/19 Rpt: 32/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 11/07/2023 **CMT Houston** Amount (\$) Payee address; City; State; Zip Code \$56.40 16702 Lee Rd Humble, TX 77396-1719 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Houston transportation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/04/2023 Capitol Gift Shop Payee address: Amount (\$) City; State; Zip Code \$450.86 1400 Congress Ave Austin, TX 78701-1932 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent holiday gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/19 Rpt: 33/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 10/02/2023 Cowboy Prime Amount (\$) Payee address; City; State; Zip Code \$194.02 200 Spring Park Dr Ste 210 Midland, TX 79705-4644 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/27/2023 **Cutter Aviation** Amount (\$) Payee address; City; State; Zip Code \$1,080.00 600 S Hangar Dr Georgetown, TX 78628-2270 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/19 Rpt: 34/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/28/2023 **Cutter Aviation** Amount (\$) Payee address; City; State; Zip Code \$1,398.60 600 S Hangar Dr Georgetown, TX 78628-2270 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Flight services for legislative meetings College Station 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/13/2023 DoorDash Payee address: Amount (\$) City; State; Zip Code \$48.76 116 New Montgomery St San Francisco, CA 94105-3622 TYPE OF Non-Political Political Χ **EXPENDITURE**

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

(b) Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Legislative related meeting

(a) Category (See Categories listed at the top of this schedule)

Food/Beverage Expense

Candidate/Officeholder name

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/19 Rpt: 35/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 11/28/2023 **Enstrom Candies** Amount (\$) Payee address; State; Zip Code City; \$575.76 701 Colorado Ave Grand Junction, CO 81501-3514 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts for constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/02/2023 Extra Space Storage Amount (\$) Payee address; City; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/19 Rpt: 36/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/02/2023 Extra Space Storage Amount (\$) Payee address; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/02/2023 Extra Space Storage Payee address: Amount (\$) City; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/19 Rpt: 37/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/02/2023 Extra Space Storage Amount (\$) Payee address; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Extra Space Storage Payee address: Amount (\$) City; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/19 Rpt: 38/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/02/2023 Extra Space Storage Amount (\$) Payee address; State; Zip Code \$482.00 2504 N Loop 250 W Midland, TX 79707-6024 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage rent 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/01/2023 Godaddy.com Amount (\$) Payee address; City; State; Zip Code \$22.17 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260-6993 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/19 Rpt: 39/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 11/01/2023 Godaddy.com Amount (\$) Payee address; City; State; Zip Code \$226.70 14455 N Hayden Rd Ste 226 Scottsdale, AZ 85260-6993 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain renewal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2023 Insomnia Cookies Amount (\$) Payee address; City; State; Zip Code \$36.28 2323 San Antonio St Austin, TX 78705-5227 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/19 Rpt: 40/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/13/2023 Intuit Amount (\$) Payee address; City; State; Zip Code \$272.11 PO Box 34328 Seattle, WA 98124-1328 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign checks stock 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/13/2023 Intuit Amount (\$) Payee address; City; State; Zip Code \$45.93 PO Box 34328 Seattle, WA 98124-1328 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign checks stock Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/19 Rpt: 41/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 10/26/2023 La Madeleine Amount (\$) Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy \$87.47 West Lake Hills, TX 78746-5243 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/15/2023 La Madeleine Amount (\$) Payee address; City; State; Zip Code \$52.01 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/19 Rpt: 42/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/17/2023 LevelUp Amount (\$) Payee address; State; Zip Code City; \$13.83 1 Federal St Fl 6 Boston, MA 02110-2003 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2023 McAfee Software Amount (\$) Payee address; City; State; Zip Code \$70.35 3965 Freedom Cir Santa Clara, CA 95054-1203 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Computer software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/19 Rpt: 43/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/27/2023 Mercedes Flowers Amount (\$) Payee address; State; Zip Code \$411.35 12919 Nutty Brown Rd Austin, TX 78737-9239 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers for legislative meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 **Premier Parking** Amount (\$) Payee address; City; State; Zip Code \$15.05 PO Box 60708 Midland, TX 79711-0708 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/19 Rpt: 44/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/09/2023 **Premier Parking** Amount (\$) Payee address; City; State; Zip Code \$40.61 PO Box 60708 Midland, TX 79711-0708 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Houston parking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/09/2023 Premiere Parking Company Amount (\$) Payee address; City; State; Zip Code \$15.05 2700 Windecker St Midland, TX 79706-2902 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Parking for Dallas travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/19 Rpt: 45/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/17/2023 Rudy's Country Store Amount (\$) Payee address; State; Zip Code \$90.93 2451 S Capital of Texas Hwy Austin, TX 78746-7734 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Legislative related meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/30/2023 Samuel Payee address: Amount (\$) City; State; Zip Code \$34.80 8849 Fair Oaks Xing Apt 2041 Dallas, TX 75243-7913 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/19 Rpt: 46/51 Craddick, Tom (The Honorable) 00020051 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/05/2023 Spectrum Amount (\$) Payee address; State; Zip Code City; \$146.62 PO Box 503478 Saint Louis, MO 63150-0001 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Communications for office holder Austin living expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/09/2023 Taxi Dallas Amount (\$) Payee address; City; State; Zip Code \$56.40 12213 Plano Rd Dallas, TX 75243-9139 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Dallas transportation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/19 Rpt: 47/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/25/2023 Taxi Dallas Amount (\$) Payee address; State; Zip Code City; \$45.96 12213 Plano Rd Dallas, TX 75243-9139 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Dallas transportation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/05/2023 The Boulevard At Town Lake Amount (\$) Payee address; City; State; Zip Code \$192.61 2600 Lake Austin Blvd Austin, TX 78703-4427 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Rent for Office Holder Austin Living Expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/19 Rpt: 48/51 Craddick, Tom (The Honorable) 00020051 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/10/2023 Zoom Video Communications, Inc. Amount (\$) Payee address; City; State; Zip Code \$159.50 55 Almaden Blvd Ste 600 San Jose, CA 95113-1612 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference call Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Office Overnead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	abor	Travel in District Travel in District Travel Out of District OTHER (enter a category not listed above)				
		The Instruction Guide expla	ns how to complete this fo	orm.					
1	Total pages Schedule G:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)				
	Sch: 1/2 Rpt: 49/51	Craddick, Tom (The Honorable)			00020051				
4	Date	5 Payee name							
_	07/24/2023	AT&T Mobility							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$84.67	PO Box 650574							
	Reimbursement from								
	X political contributions intended	Dallas, TX 75265-0574							
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Descrip	tion 🔲 Ch	neck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Telecommunications		Cr	neck if Austin, TX, officeholder living expense				
	EXPENDITORE		Telephone	service					
9		Candidate/Officeholder name	Office so	ought	Office held				
	C/OH	expenditure to benefit C/OH							
	Date	Payee name							
	08/22/2023	AT&T Mobility							
		1 1 V							
	Amount (\$) Payee address; City; State; Zip Code								
	\$81.07	PO Box 650574							
	Reimbursement from political contributions								
	x political contributions intended	Dallas, TX 75265-0574							
	PURPOSE	Category (See Categories listed at the top of this	schedule) Descrip	tion C	neck if travel outside of Texas. Complete Schedule T.				
	OF	Telecommunications			neck if Austin, TX, officeholder living expense				
	EXPENDITURE		Telephone	service					
_	Complete ONLY if direct	L Candidate/Officeholder name	I Office so	ught	Office held				
	expenditure to benefit	Candidate/Officeriolder flame	Office 30	Jugiit	Office field				
	C/OH								
H	Date	Dayee name							
		Payee name							
	09/26/2023	AT&T Mobility							
	Amount (\$)	, ,	ite; Zip Code						
	\$81.07	PO Box 650574							
	Reimbursement from								
	X political contributions intended	Dallas, TX 75265-0574							
	PURPOSE	Category (See Categories listed at the top of this	schedule) Descrip	tion C	neck if travel outside of Texas. Complete Schedule T.				
	OF	Telecommunications		Cr	neck if Austin, TX, officeholder living expense				
	EXPENDITURE		Telephone	service					
	Complete ONLY if direct	L Candidate/Officeholder name	Office so	ought	Office held				
	expenditure to benefit		255 50	J					
L	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	Expense Wages/Contract Labor		Travel in District Travel Out of District	egory not listed above)		
The Instruction Guide explains how to complete this form.										
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethic	cs Commission Filers)		
	Sch: 2/2 Rpt: 50/51	Craddick, 7	Tom (The Honorable)				00020051			
4	Date	5 Payee name)							
	10/23/2023	AT&T Mob								
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode					
	\$81.07	PO Box 65	0574							
	Reimbursement from									
	X political contributions intended	Dallas, TX	75265-0574							
8	PURPOSE		See Categories listed at the top of this sch	odulo)	(b) Description	☐ Ch	eck if travel outside o	f Texas. Complete Schedule T.		
ľ	OF	Telecommi		edule)	(b) Description	=		ceholder living expense		
	EXPENDITURE	releconnin	unications		Telephone service					
					Telephone servic					
_	Complete ONL V if direct	Condidate/Office	holder nome		Office cought		Offic	a hald		
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	enoider name		Office sought		Onic	e held		
	C/OH									
	Date	Payee name								
	11/22/2023	AT&T Mob								
_		,								
	mount (\$) Payee address; City; State; Zip Code \$81.20 PO Box 650574									
	\$81.20	PO BOX 65	0574							
	X Reimbursement from political contributions									
	intended	Dallas, TX	75265-0574							
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside of	f Texas. Complete Schedule T.		
	OF EXPENDITURE	Telecommi	unications			Ch	eck if Austin, TX, offic	ceholder living expense		
					Telephone service	ce				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Offic	e held		
	expenditure to benefit C/OH									
		•								
	Date	Payee name								
	12/20/2023	AT&T Mob	ility							
	Amount (\$) Payee address; City; State; Zip Code									
	\$81.20	PO Box 65	0574							
	Reimbursement from									
	X political contributions intended	Dallas, TX	75265-0574							
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside o	f Texas. Complete Schedule T.		
	OF EXPENDITURE	Telecommi	unications			Ch	eck if Austin, TX, offic	ceholder living expense		
	EXPENDITURE				Telephone service	се				
		Candidate/Office	holder name		Office sought		Offic	e held		
	expenditure to benefit				-					
_	C/OH									

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 51/51 2 FILER NAME Filer ID (Ethics Commission Filers) Craddick, Tom (The Honorable) 00020051 5 Name of person from whom amount is received 8 Amount (\$) Date 12/15/2023 Craddick, Tom \$30,355.77 6 Address of person from whom amount is received; City; State; Zip Code Midland, TX 79705 Purpose for which amount is received Check if political contribution returned to filer Reimburse campaign for 2023 total paid for Austin office holder living expenses.