CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00082201	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Stephen P.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
	Steve	Allison		SUFFIX	02/03/2024	
	Sieve	Allisun				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	200 Morningside Dr.					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78209					
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Richard		WII		
NAME	IVII.	Richard				
	NICKNAME	LAST		SUFFIX		
		Peacock		Jr.		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	7898 Broadway St.					
(Residence or Business)						
	San Antonio, TX 78209					
7 0444041041	ADEA CODE	E AU INADED — E	VIENCIONI			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(210) 824-0511					
9 DEDODT						
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	15th day after can	nnaign treasurer
		. Sour day before	ciccion	Trunon	appointment (office	eholder only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024	П	eneral	Special		
				Ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distr	ict 121			ative District 121	
	State Representative Distr	ICT 121		State Represent	dive District 121	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Allison, Stephen P. (The Honorable)	14 Filer ID 00082201	(Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without officeholders are required to report this information.	ut the candidate's or office	eholder's knov	wledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Dr Ste 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER TI ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	153,836.82
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	68,213.59
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$	135,180.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$	235,000.00
17 AFFIDAVIT					
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required t	companying re to be reported	eport is by me
		The Hon	orable Stephen P. Alli	son	
			of Candidate or Officeho		
		3			
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
		aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	er administerin	g oath

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH **ADDENDUM**

				Page 3 01 24
C / OH NAME	Allison, Stephen P. (The Honorable)	Filer ID 00082201	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	onsent. Candidates and
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TREPAC		
	N	COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd., Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		P.O. Box 2246		
		Austin, TX 78768		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					4 of 24
18 FILE	R NAN	19 Filer ID 00082201	(Eth	nics Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	148,660.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,176.82
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	68,213.59
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/24		
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission 00082201	n Filers)	
4	Date 01/24/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00	
ρ	Principal occu	San Antonio, TX 78209-6131 pation / Job title (See Instructions)	Employer (See Instructions				
•	r inicipal occu	pation / Job title (See Instructions)	Employer (See instructions	')			
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Bashara, Linda Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		San Antonio, TX 78212-1750					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: Bortins, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Southern Pnes, NC 28387-7608					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: Caldwell, G. Wade (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78205-3545)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: Cauthorn, Drew Contributor address; City; State; Zip Code San Antonio, TX 78209-3725			Amount of Contribution (\$)	\$150.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
		'					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/24
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201
4	Date 01/07/2024	 Full name of contributor		7	Amount of Contribution (\$) \$500.00
_	Deignaignal	San Antonio, TX 78257-1617	O Francis var (Can Instruction		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_Clayton, Sally M. (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Dringinal occu	San Antonio, TX 78218-6033 pation / Job title (See Instructions)	Employer (See Instructions	·/-	
	Fillicipal occu	oation / Job title (See instructions)	Employer (See instructions	·)	
	Date 01/10/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, Harlan R. Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75219-3913			
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Crow Holdings	5)	
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_ Dade Phelan Campaign Contributor address; City; State; Zip Code Austin, TX 78763-5990			Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, J. Contributor address; City; State; Zip Code San Antonio, TX 78212-1707			Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
		•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/24
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201
4	Date 01/17/2024	 Full name of contributor		7	Amount of Contribution (\$) \$250.00
_	Dringing! goog	San Antonio, TX 78265-9567	O Employer (Coe Instructions	_	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: Hillco PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25,000.00
	Principal occu	Austin, TX 78701-2458 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
	i illoipai ooda	salion, con the (coe mondonolo)	Employer (ede mendener	,	
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: Hixon, Karen J. Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00
		San Antonio, TX 78212-2304			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_Hunt, Robert Contributor address; City; State; Zip Code San Antonio, TX 78218-6028			Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: Jefferson, Wallace B. Contributor address; City; State; Zip Code Austin, TX 78703-4675			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/24			
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission 00082201	on Filers)		
4	Date 01/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00		
_	Deinsinal	San Antonio, TX 78212-2019	N. Farada and (Constructions					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: McFarland, Milton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Deinsinal assu	San Antonio, TX 78217-1818	Frankrian (Caa kashiriatian					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#: Nichols, Colby Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
		Austin, TX 78738-4055						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: O'Connor, Cynthia Contributor address; City; State; Zip Code San Antonio, TX 78209-2251			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#: Ortiz, Elvira Contributor address; City; State; Zip Code Shavano Park, TX 78230-5630			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/24		
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission 00082201	n Filers)	
4	Date 01/17/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00	
8	Principal occu	San Antonio, TX 78209-2563 pation / Job title (See Instructions)	Employer (See Instructions)				
•	Fillicipal occu	pation 7 300 title (See Instructions)	Employer (See Instructions,	,			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Petersen, Shannon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Katy, TX 77494-1549 pation / Job title (See Instructions)	Employer (See Instructions)				
	Timelpai occu	pation 7 300 title (See Instituctions)	Employer (See manuchons,	,			
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: Plylar, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		San Antonio, TX 78247-2053					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu	San Antonio, TX 78215-1163 pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Rasti, Kelly Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		San Antonio, TX 78238-1606					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/24
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201
4	Date 01/24/2024	 Full name of contributor		7	Amount of Contribution (\$) \$500.00
_	Dein sin al a sau	Austin, TX 78701-2101	O Frankrica (Octobritation		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ Ryan, John Patrick Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00
	Dringinal occu	San Antonio, TX 78218-6030 pation / Job title (See Instructions)	Employer (See Instructions		
	Fillicipal occu	oation / Job title (See instructions)	Employer (See instructions	')	
	Date 01/22/2024	Full name of contributor			Amount of Contribution (\$) \$10,000.00
		San Antonio, TX 78209-5427			
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#:_ Straus, Susan Contributor address; City; State; Zip Code San Antonio, TX 78209-5607			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_ Terry, Matt Contributor address; City; State; Zip Code San Antonio, TX 78209-2236)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/24
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201
4	Date 01/12/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$30,000.00
_	Deignaignal annu	Austin, TX 78701-2175	O Familia van (Can Imphris phia pa	<u></u>	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 01/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
	Principal occu	Austin, TX 78701-1994 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,000.00
	Principal occu	Austin, TX 78701-2181 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)	
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1624			Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Orthopaedic PAC Contributor address; City; State; Zip Code Austin, TX 78701-1665			Amount of Contribution (\$) \$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/24			
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201			
4	Date 01/22/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$10,000.00			
_		Austin, TX 78701-1814		L				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)				
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Texas Wildlife Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,500.00			
	Principal occu	New Braunfels, TX 78132-3478 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>				
	i illopai occa	sation, con the (occ manualons)	Employer (Gee manachorie	')				
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: Thomas, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$200.00			
		San Antonio, TX 78209-3753						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas, Ron & Alicia Contributor address; City; State; Zip Code San Antonio, TX 78209-5201)		Amount of Contribution (\$) \$100.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()				
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#: Thompson, Lisa Contributor address; City; State; Zip Code San Antonio, TX 78232-1302)		Amount of Contribution (\$) \$10.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1	LE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 9/9 Rpt: 13/24	=	
2	FILER NAME Allison, Step	hen P. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00082201	
4	Date 01/07/2024	 Full name of contributor	7	Amount of Contribution (\$) \$50.0	0	
_	Deinsinal	San Antonio, TX 78212-1965	2. Faralana (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Union Pacific Corporation Fund for Effective Gov Contributor address; City; State; Zip Code Washington, DC 20004-2505		Amount of Contribution (\$) \$1,500.0	0	
	Principal occu	pation / Job title (See Instructions))		_	
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#: VATAT PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$350.0	0	
		Austin, TX 78701-1908				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 01/13/2024		Full name of contributor out-of-state PAC (ID#:_Vexler, Jack Contributor address; City; State; Zip Code San Antonio, TX 78209-5926		Amount of Contribution (\$) \$600.0	0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#: Williams, Ellen Contributor address; City; State; Zip Code Austin, TX 78739-1743		Amount of Contribution (\$) \$250.0	0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		_

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/24 3 Filer ID (Ethics Commission Filers) FILER NAME Allison, Stephen P. (The Honorable) 00082201 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 01/11/2024 Associated Republicans of Texas Campaign Fund \$67.04 Digital Advertising 7 Contributor address; City; State; Zip Code Austin, TX 78701-2526 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 01/17/2024 Associated Republicans of Texas Campaign Fund \$5,109.78 Digital advertising Contributor address; City; State; Zip Code Austin, TX 78701-2526 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

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

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

	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 15/24	Allison, Stephen P. (The Honorable) 00082201
4	Date	5 Payee name
	01/11/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.93	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/17/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.53	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	01/19/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.23	1340 Poydras St Ste 1770
		New Orleans, LA 70112-5204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: Sch: 2/10 Rpt: 16/24	2 FILER NAME Allison, Stephen P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082201				
	3cm. 2/10 Kpt. 10/24					
4	Date	5 Payee name				
	01/19/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$19.36	1340 Poydras St Ste 1770				
		New Orleans, LA 70112-5204				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF	Solicitation/Fundraising Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Processing fee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/23/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$29.41	1340 Poydras St Ste 1770				
		New Orleans, LA 70112-5204				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	•			
		Check if Austin, TX, officeholder living expense				
		Processing fee				
	Complete ONLY if direct	Condidate/Officeholder name Office country	_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
			_			
	Date	Payee name				
	01/25/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$72.76	1340 Poydras St Ste 1770				
		New Orleans, LA 70112-5204				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Processing fee				
	Commission ON 11 V 11 11	Condidate/Officeholder name	_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	,		_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 3/10 Rpt: 17/24	Allison, Stephen P. (The Honorable) 00082201						
4	Date	5 Payee name						
	01/03/2024	Anedot						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$19.36	1340 Poydras St Ste 1770						
		New Orleans, LA 70112-5204						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Processing fee						
		. recessing rec						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
5	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	01/04/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.05	1340 Poydras St Ste 1770						
		New Orleans, LA 70112-5204						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Solicitation/Fundraising Expense						
		Check if Austin, TX, officeholder living expense						
		Processing fee						
	Commission ONLL V if disposit	Condidate/Office helder name Office accords						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	·							
	Date	Payee name						
	01/07/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$21.23	1340 Poydras St Ste 1770						
		New Orleans, LA 70112-5204						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Solicitation/Fundraising Expense						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Processing fee						
	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 -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 (order 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: 4/10 Rpt: 18/24	Allison, Stephen P. (The Honorable) 00082201	
4	Date	5 Payee name	_
	01/09/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$66.83	1340 Poydras St Ste 1770	
		New Orleans, LA 70112-5204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Solicitation/Fundraising Expense	
		Check if Austin, TX, officeholder living expense Processing fee	
		1 Toccssing lee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	01/12/2024	Frost Bank	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.00	401 Congress Ave	
	410.00	161 Gongress 7 Wo	
		Austin, TX 78701-4071	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Wire Fee	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or		_
	Date	Payee name	
	01/12/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	401 Congress Ave	
		Austin, TX 78701-4071	
	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	
		Wire Fee	
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Т			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r dyment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 19/24	Allison, Stephen P. (The Honorable)		00082201
4	Date	5 Payee name		·
	01/22/2024	Frost Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$15.00	401 Congress Ave		
		Austin, TX 78701-4071		
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.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Wire Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	nht.	Office held
9	expenditure to benefit C/OI		JIIL	Office field
_				
	Date	Payee name		
	01/22/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$5.00	401 Congress Ave		
		Austin, TX 78701-4071		
	PURPOSE OF	, , ,	(b)	Description
EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Wire Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/03/2024	Gables Park Plaza Apartments		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$2,899.21	115 Sandra Muraida Way		
		,		
		Austin, TX 78703-4697		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(1)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cinice Overneau/Nemail Expense		X Check if Austin, TX, officeholder living expense
				Rent for office holder Austin living expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 6/10 Rpt: 20/24	Allison, Stephen P. (The Honorable) 00082201
4	Date	5 Payee name
	01/02/2024	Keel Systems LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,120.63	23812 Tres Coronas
		Spicewood, TX 78669
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Compliance software and services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2024	Lilly & Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,753.73	1005 Congress Ave Ste 400
		Austin, TX 78701-2469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Retainer and Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/25/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	675 Ponce De Leon Ave NE Ste 5000
		Atlanta, GA 30308-1884
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mass emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	T

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 7/10 Rpt: 21/24	Allison, Stephen P. (The Honorable) 00082201
4	Date	5 Payee name
	01/18/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$972.95	815A Brazos St Ste 304
		Austin, TX 78701-2502
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Push Cards
		i usii caius
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	01/18/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$21,870.14	815A Brazos St Ste 304
		Austin, TX 78701-2502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Print and mail
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/24/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,488.45	815A Brazos St Ste 304
		Austin, TX 78701-2502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Text messages
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 22/24	Allison, Stephen P. (The Honorable) 00082201
4	Date	5 Payee name
	01/03/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,800.00	815A Brazos St Ste 304
		Austin, TX 78701-2502
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Direct mail and postage
		Briest man and postage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
H	Date	Payee name
	01/09/2024	Murphy Nasica
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$18,500.00	815A Brazos St Ste 304
		Austin, TX 78701-2502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Direct mail and postage
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	01/19/2024	Sanchez, Chris
H	Amount (\$)	Payee address; City; State; Zip Code
	\$305.00	11001 Wurzbach Rd Apt 503
	φ303.00	11001 Wulizbach Nu Apt 303
		San Antonio, TX 78230-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Campaign Services Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Campaign assistance
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage I
Contributions/ Donations Made By - Gift/Awards/Men

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

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

OTHER (order a set open pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 9/10 Rpt: 23/24	Allison, Stephen P. (The Honorable) 00082201			
4	Date	5 Payee name			
	01/19/2024	Sanchez, Chris			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$44.35	11001 Wurzbach Rd Apt 503			
L		San Antonio, TX 78230-2596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fuel			
		T del			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date				
	Date	Payee name			
	01/08/2024	Sanchez, Chris			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$520.00	11001 Wurzbach Rd Apt 503			
		San Antonio, TX 78230-2596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Campaign Services Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Campaign assistance			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O				
⊨	Date				
	Date	Payee name			
	01/08/2024	Sanchez, Chris			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$55.04	11001 Wurzbach Rd Apt 503			
		San Antonio, TX 78230-2596			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fuel			
		ruei			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
I	expenditure to benefit C/O				
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Polling Expense pense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.				strict category not listed abo	bove)
1 Total pages Schedule F1: Sch: 10/10 Rpt: 24/24		2		FILER NAME Allison, Stephen P. (The Honorable)				3	Filer ID 00082201	(Ethics Commission	on Filers)
4	Date 01/12/2024	5	Payee name	.				<u> </u>			
6	Amount (\$) \$421.69	7	Payee addre	ess; City;		Zip Code					
8	PURPOSE OF EXPENDITURE	(a)		See Categories listed at t materials;supplie		edule) (b)		tin, TX,	ide of Texas. Com , officeholder living		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sought			Office h	eld	