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 Commi 00020051		2 Total pages f	iled: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tom		MI	OFFICE Date Received ELECTRONIC	USE ONLY
	NICKNAME	LAST Craddick		SUFFIX	07/14/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AF Two Lakes Dr.	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered Receipt #	or Date Postmarked
Change of Address	Midland, TX 79705				Date Processed	
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			
B REPORT TYPE	January 15 X July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after ca appointment (off	
9 PERIOD COVERED	Month Day Year 01/01/2024		IROUGH	Month Day 06/30/20		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary seneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) State Representative Dis	strict 82		12 OFFICE SOUGH State Represe	HT (if known) ntative District 82	
		GO 1	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Craddick, Tom (The I	Honorable)	14 Filer ID (00020051	Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without difficeholders are required to report this information	the candidate's or office	holder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	9,500.66
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	42,704.33
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	125,861.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hor	orable Tom Craddick	•	
			Candidate or Officehold		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
		ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administerin	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SHI	EET PG 3 3 of 33
18 FILER N	(Ethics Comm	nission Filers)		
	JLE SUBTOTALS F SCHEDULE	1	SUBTO	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,500.66
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 CONTRIBUTION	S	\$	37,058.24
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,151.62
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	494.47
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDU	EDULE A1	
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/33	
2	FILER NAME Craddick, To	m (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)
4	Date 02/21/2024	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75240-2601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/21/2024	Full name of contributor	#: <u>C00148031</u>		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID ConocoPhillips Spirit PAC Contributor address; City; State; Zip Code Bartlesville, OK 74004	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID Energy Transfer Partners Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2469	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID Friends of the University PAC Contributor address; City; State; Zip Code Austin, TX 78763-0552	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/33		
2	FILER NAME Craddick, To	om (The Honorable)		3	Filer ID (Ethics Commission 00020051	on Filers)	
4	Date 02/21/2024	/21/2024 Marathon Petroleum Corporation Employees PAC 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Findlay, OH 45840-3229					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/15/2024 ONEOK Employees PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Principal occu	Tulsa, OK 74102-0871 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips 66 PAC Contributor address; City; State; Zip Code Washington, DC 20004-3650			Amount of Contribution (\$)	\$1,000.66	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Union Pacific Corp. Fund For Effective Governm Contributor address; City; State; Zip Code Washington, DC 20005-5927	nent		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 1/19 Rpt: 6/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
l	01/31/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$493.90	PO Box 650448
l		
l		Dallas, TX 75265-0448
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Payment of credit card bill
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
F	Date	Payee name
l	02/29/2024	American Express
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$851.94	PO Box 650448
l	Ψ031.94	1 O Box 030440
l		D. II TV 75005 0440
L		Dallas, TX 75265-0448
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Payment of credit card bill
l		Tayment of Great out a sin
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
F	Date	Payee name
	03/31/2024	American Express
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$482.00	PO Box 650448
	\$102.00	
		Dallas, TX 75265-0448
\vdash	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		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
Contributions/ Donations Made By Candidate/Officeholder/Political Com

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 7/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/30/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,419.13	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
		rayment of credit card bill
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	05/31/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$640.00	PO Box 650448
		Dallas, TX 75265-0448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of credit card bill
		Taymont of Great out a bill
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	06/30/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,264.65	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 Austin, TX, officeholder living expense
		Payment of credit card bill
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
	Sch: 3/19 Rpt: 8/33	Craddick, Tom (The Honorable)	00020051	
4	Date	5 Payee name	· ·	
	06/28/2024	Craddick, Thomas R.		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$494.47	2 Lakes Dr		
		Midland, TX 79705-1929		
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. Cor	
	LAI LINDITORE		Check if Austin, TX, officeholder livin	
			Payment for Schedule G ex	penultures
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office h	old
9	expenditure to benefit C/O		Office in	eiu
	Data			
	Date	Payee name Diamond K Aero		
	02/02/2024			
	Amount (\$)	Payee address; City; State; Zip Code		
	\$6,981.45	PO Box 909		
		Caldwell, TX 77836-0909		
	PURPOSE OF	, , ,	Description	
	EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin	
			Legislative related travel Au	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office h	eld
	expenditure to benefit C/O	-1		
	Date	Payee name		
	01/13/2024	Hunnicutt, Retha		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,459.44	1902 W Ohio Ave		
		Midland, TX 79701-5944		
	PURPOSE		Description	
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Cor	nplete Schedule T.
	EXPENDITURE	Salarios, viagos, o sina act 2000.	Check if Austin, TX, officeholder livin	- ·
			Assist with campaign and o	ffice holder duties
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office h	eld
	experientare to benefit 6/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/19 Rpt: 9/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	02/15/2024	Hunnicutt, Retha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,459.43	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/15/2024	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
	Opening the ONE Wife Street	One districts (Office health are assets as the control of the health
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2024	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Orialiano to bollont 0/01	

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	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: 5/19 Rpt: 10/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	05/14/2024	Hunnicutt, Retha
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,459.44	1902 W Ohio Ave
		Midland, TX 79701-5944
8	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
		Assist with campaign and office holder duties
		, solet war campaign and onloc notice added
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/14/2024	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
		, solet war campaign and onloc notice datase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/03/2024	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
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database and compliance services
		Database and compliance services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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

The instruction Guide explains now to complete this form.					
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers
Sch: 6/19 Rpt: 11/33		Craddick, Tom (The Honorable)		00020051	
Date	5	Payee name			
02/05/2024		Keel Systems			

4	Date 02/05/2024	5 Payee name Keel Systems
6	Amount (\$) \$786.96	7 Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631
8	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 Database and compliance services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/12/2024 Amount (\$)	Payee name Keel Systems Payee address; City; State; Zip Code
	\$786.96	23812 Tres Coronas Spicewood, TX 78669-1631
	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 Database and compliance services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/03/2024	Payee name Keel Systems
	Amount (\$) \$786.96	Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631
	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 Database and compliance services
	Complete ONLY 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 7/19 Rpt: 12/33	2 FILER NAME Craddick, Tom (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020051
4	Date	5 Payee name
	05/03/2024	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
Ļ	Operation Children	Out that 10th a half are seen as 10th and 10th a
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/01/2024	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
		Batabace and compilation convices
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davisa nama
	06/14/2024	Payee name LHS Football Booster Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 7014
		Midland, TX 79708-7014
	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
		Program Ad
	Commission ONU V. M. alling .	Condidate Office helder some
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ls Expense		pense ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2 FILEF	R NAME				3	Filer ID	(Ethics Commission File	ers)
	Sch: 8/19 Rpt: 13/33	l	dick, Tom (The Hono	rable)				00020051		
4	Date		e name	-			1			
	06/14/2024	,	Football Booster Clu	b						
6	Amount (\$)		e address; City;		; Zip Coo	de				
ľ	\$350.00	1	ox 50761	Otato	,, Zip 000					
	φοσο.σσ		0X 00101							
		Midla	and, TX 79710-0761							
8	PURPOSE	(a) Categ	Ory (See Categories listed at	the top of this sch	hedule)	(b) Description				
	OF EXPENDITURE	Adve	rtising Expense			=			plete Schedule T.	
						Program Ad	n, IX,	officeholder living	g expense	
						i rogram Au				
9	Complete ONLY if direct	Candid	ate/Officeholder name	(Office soug	nht		Office he	əld	
Ĺ	expenditure to benefit C/O		and officer fluing			<u>.</u>				
	Date	Paye	e name							
L	06/14/2024	Marti	n County Messenger							
	Amount (\$)	Paye	e address; City;	State	; Zip Cod	de				
	\$800.00	PO B	ox 1488							
		Stant	on, TX 79782-1488							
	PURPOSE	(a) Categ	Ory (See Categories listed at	t the top of this sch	hedule)	(b) Description				
	OF EXPENDITURE		rtising Expense			=			plete Schedule T.	
						Check if Austin		officeholder living	g expense	
						reconspaper	aus			
\vdash	Complete ONLY if direct	Candid	ate/Officeholder name		Office soud	nht		Office he	5lq	
	expenditure to benefit C/O		ats, omostoladi name	`	oo ooug	g		Cinico III		
\vdash	Data	Derri	nama							
	Date 01/29/2024	Payee Optin	e name							
				<u> </u>	. 7' -	J -				
	Amount (\$)	1	e address; City;		e; Zip Coo	ae				
	\$134.59	3001	W Loop 250 N Ste C	113						
			TV 70707 0065							
		Midla	ınd, TX 79705-3210							
	PURPOSE OF	1	Ory (See Categories listed at		hedule)	(b) Description	ا مناما	lo of Tours	ploto Cobodida T	
	EXPENDITURE	Office	e Overhead/Rental Ex	xpense		ш		le of Texas. Com officeholder living	plete Schedule T. gexpense	
						Office cable			, , ,	
	Complete ONLY if direct	Candid	ate/Officeholder name	(Office soug	ght		Office he	eld	
	expenditure to benefit C/O	Н								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 9/19 Rpt: 14/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	02/27/2024	Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.15	3001 W Loop 250 N Ste C113
		Midland, TX 79705-3210
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
F	Date	Payee name
	03/27/2024	Optimum
H	Amount (\$)	Payee address; City; State; Zip Code
	\$145.15	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/29/2024	Optimum
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$145.15	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office cable service
		Office capie service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	s)		
	Sch: 10/19 Rpt: 15/33	Craddick, Tom (The Honorable) 00020051			
4	Date	5 Payee name			
	05/28/2024	Optimum			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$145.15	3001 W Loop 250 N Ste C113			
		Midland, TX 79705-3210			
8	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			
		Cinco dable collision			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	Н			
	Date	Payee name			
	06/27/2024	Optimum			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$145.15	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			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	н			
	Date	Payee name			
	01/11/2024	Paychex			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$335.54	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	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense Federal income tax withholding			
		Pederal income tax withholding			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	y			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to	comp	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 16/33		Craddick, Tom (The Honorable)		00020051
4	Date	5	Payee name		
	01/11/2024		Paychex		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$309.96		4242 Woodcock Dr Ste 100		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			San Antonio, TX 78228-1359		
8	PURPOSE	(0)		(h	N. Donasistas
o	OF	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(L)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Accounting/banking		Check if Austin, TX, officeholder living expense
					Payroll service
9	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	nt Office held
	expenditure to benefit C/OI	Н			
	Date	Г	Payee name		
	02/16/2024		Paychex		
	Amount (\$)	H	Payee address; City; State; Zip	Code	
	\$335.55		4242 Woodcock Dr Ste 100		
			San Antonio, TX 78228-1359		
_	PURPOSE	(2)		(h	P) Description
	OF	("	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/ Wages/ Contract Labor		Check if Austin, TX, officeholder living expense
					Federal income tax withholding
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	ot Office held
	expenditure to benefit C/OI	П			
	Date		Payee name		
	02/20/2024		Paychex		
	Amount (\$)		Payee address; City; State; Zip	Code	9
	\$251.85		4242 Woodcock Dr Ste 100		
			San Antonio, TX 78228-1359		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	D) Description
	OF	<u> </u> `	Accounting/Banking	`	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Payroll service
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ough	office held
	5.p5.16.16.16 16 25.16.16 5/011				
L					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 17/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	03/14/2024	Paychex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.96	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	Salaries/Wages/Contract Labor
		Federal income tax withholding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/14/2024	Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$155.91	4242 Woodcock Dr Ste 100
	Ψ100.01	TE IZ WOODOOK BY GIO 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
	!	1 dyron sorvice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Date	Davies name
	04/13/2024	Payee name Paychex
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.97	4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor
		Federal income tax withholding
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	4

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

	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: 13/19 Rpt: 18/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/15/2024	Paychex
6	Amount (\$) \$171.90	7 Payee address; City; State; Zip Code 4242 Woodcock Dr Ste 100
		San Antonio, TX 78228-1359
8	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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/14/2024	Paychex
	Amount (\$) \$330.55	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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/15/2024	Paychex
	Amount (\$) \$160.18	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) 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/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

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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	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: 15/19 Rpt: 20/33	Craddick, Tom (The Honorable) 00020051
4 Date	5 Payee name
01/13/2024	Raines, Abby
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$461.75	100 Pin Oak St
	Dripping Springs, TX 78620-4367
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Assist with campaign and office holder duties
	7, 6515t Will Gampaight and Since Holds, dailed
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/15/2024	Raines, Abby
Amount (\$)	Payee address; City; State; Zip Code
\$461.75	100 Pin Oak St
	Dripping Springs, TX 78620-4367
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
	Assist with campaign and office holder duties
	, toolst mit sampaign and since holds, dailes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
03/15/2024	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
	Check if Austin, TX, officeholder living expense
	Assist with campaign and office holder duties
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 16/19 Rpt: 21/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/15/2024	Raines, Abby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.75	100 Pin Oak St
L		Dripping Springs, TX 78620-4367
8	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
		Assist with campaign and office holder duties
		, solet war campaign and onles notes deales
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/14/2024	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Assist with campaign and office holder duties
		7.551st with campaign and office notice duties
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/14/2024	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
		Check if Austin, TX, officeholder living expense
		Assist with campaign and office holder duties
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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

	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: 17/19 Rpt: 22/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	05/29/2024	Ready Refresh By Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.72	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
8	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 refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.67	PO Box 856680
		Louisville, KY 40285-6680
	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 Refreshments
		Office Refreshittenes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/28/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.30	PO Box 856680
	,	
		Louisville, KY 40285-6680
	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 Refreshments
		Office Refreshittents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 18/19 Rpt: 23/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	04/04/2024	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.43	PO Box 856680
		Louisville, KY 40285-6680
8	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 Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/01/2024	Ready Refresh
H	Amount (\$)	Payee address; City; State; Zip Code
	\$208.25	PO Box 856680
	4200.20	
		Louisville, KY 40285-6680
	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 Refreshments
		Office Refreshiffends
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Payee name
	03/27/2024	Tarry House, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$487.14	PO Box 5583
	Ψ407.14	FO BOX 5363
		Austin, TX 78763-5583
Г	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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	l 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: 19/19 Rpt: 24/33	Craddick, Tom (The Honorable) 00020051
4	Date	5 Payee name
	06/20/2024	Tarry House, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.01	PO Box 5583
		Austin, TX 78763-5583
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Meeting Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder meeting
		Officeriolder frieeding
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2024	Tarry House, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$395.13	PO Box 5583
		Austin, TX 78763-5583
	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
		Membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/7 Rpt: 25/33	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution nex	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$11.90	01/02/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Premiere Parking C	Company	2700 Wind	lecker St			
				X 79706-2902			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
X Political	Transportation Equipr Expense		Parking for	r Dallas travel			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$482.00	01/04/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Extra Space Storag	je	2504 N Lo	op 250 W			
			Midland, T	X 79707-6024			
PURPOSE OF	(a) Category	(d): 1 11 X	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign	storage rent			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$482.00	02/02/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code
			2504 N Lo	op 250 W			
	Extra Space Storag	je					
			<u> </u>	X 79707-6024			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
l <u>—</u>	Office Overhead/Rent	•	Campaign	storage rent			
X Political		•					
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)	
Sch: 2/7 Rpt: 26/33	Craddick, Tom (The	e Honorable)		00020051		
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$369.94	02/06/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB		Po Box 839988			
			Can Antonia TV 70202 20	200		
8 PURPOSE OF	(a) Category		San Antonio, TX 78283-39 (b) Description	988		
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Office supplie for meetings	e		
X Political	Office Overhead/Rent	tal Expense	office supplie for friceting.	3		
Non-Political	(a) Charle if the soul and side	of Towns Committee Colombia	Observative TV	- Company of the comp		
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	ense	
expenditure to benefit C/OH	Garialadio, Ginocholaci	That is a second of the second	o oodgiit	Cinico ricia		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid		
	\$482.00	03/02/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Extra Space Storag	je	2504 N Loop 250 W			
			Midland, TX 79707-6024			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign storage rent			
X Political	Office Overfiead/Nerii	tai Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$498.96	03/20/2024				
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
			PO Box 36649			
Southwest Airlines						
			Dallas, TX 75235-1649			
PURPOSE OF	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description			
EXPENDITURE	Travel Out of District	of this scriedule)	Office travel to Austin			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
Sch: 3/7 Rpt: 27/33	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$222.27	04/01/2024					
7 PAYEE	(a) Payee name Carey/Transco Aus	tin	(b) Payee a	•	City,	State,	Zip Code
				X 78725-1124			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
<u></u>	Travel Out of District	of this schedule)	Office trav	el to Austin			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$482.00	04/02/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Extra Space Storag	je	2504 N Lo	oop 250 W			
			Midland,	ΓX 79707-6024			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaigr	n storage rent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$215.90	(b) Date of Charge 04/04/2024	(c) Date(s)	Credit Card Issue	r Paid		
PAYEE	(a) Payee name	I.	(b) Payee a	address;	City,	State,	Zip Code
			4413 Nixo	n Ln	•		·
	Carey/Transco Aus	tin					
			Austin, T	K 78725-1124			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Office trav	el to Austin			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>, </u>	Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
				_			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	lle F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 4/7 Rpt: 28/33	Craddick, Tom (The Honorable)			00020051			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$482.00	05/02/2024					
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Extra Space Storag	ge	2504 N Loc				
	(-) 0-4			X 79707-6024			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on storage rent			
X Political	Office Overhead/Ren		Campaign	storage rent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			•				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$158.00	05/16/2024					
PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code
	Republican Party o	f Texas	1108 Lavaca St Ste 500				
			Austin, TX	78701-2125			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description				
X Political	1 003						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$79.00	05/21/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			1108 Lava	ca St Ste 500			
	Republican Party of Texas						
			Austin, TX	78701-2125			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Fees	of this schedule)	Convention	n fee			
X Political							
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 5/7 Rpt: 29/33	Craddick, Tom (The	e Honorable)		00020051		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$294.99	05/22/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
		Paesonos Ristoran	te	111 W Crockett St #101			
				San Antonio, TX 78205			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description			
	X Political	Food/Beverage Expe		Meeting at Republican co	onvention		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$247.72	05/23/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
		Grand Hyatt - San <i>i</i>	Antonio	100 Pin Oak Street			
				Dripping Springs, TX 786	20		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description			
		Lodging	of this schedule)	Republican convention			
	X Political						
	Non-Political	1	of Texas. Complete Schedule T.		, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
e	xpenditure to benefit C/OH PAYMENT	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a) Gradit Cand Issue	u Daid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Palu		
		\$45.04	05/23/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		Texaco San Angelo)	3251 N Bryant Blvd			
			San Angelo, TX 76903-23	320			
_	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	EXPENDITURE	Transportation Equipr	•	Fuel for travel to Republic	can convention		
	X Political	Expense					
	Non-Political	1	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
Г							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	s Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		sion Filers)	
Sch: 6/7 Rpt: 30/33	Craddick, Tom (The	e Honorable)			00020051		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$34.41	05/23/2024					
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Shell Junction		2416 N N				
	(a) Oatawari			TX 76849-3103			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equips Expense		(b) Descrip	ravel to Republic	an convention		
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$482.00	06/02/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Extra Space Storaç	je	2504 N L	.oop 250 W			
				TX 79707-6024			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	otion In storage rent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living exp	onco	
Complete ONLY if direct	Candidate/Officeholder		e sought	Check if Austin, 17,	Office held	lense	
expenditure to benefit C/OH			3 -				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$24.70	06/06/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Mulberry Cafe		2101 W \	Wadley Ave Ste 8	3		
	Widiberry Cale						
	(a) Catagoni			TX 79705-6436			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion /e related meeting	n		
X Political	Food/Beverage Expe	nse	Logiolativ	. S. Siatod Mooting	ອ		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TY	officeholder living exp	iense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check if Additif, TA,	Office held		
expenditure to benefit C/OH			3				
	ı						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By	- Gift/Awards	/Memorials Expense Pr	rinting Expense Tr	avel in District avel Out of District
	Candidate/Officeholder/Politica	-	ces Sa ruction Guide explains hov	·	THER (enter a category not listed above)
1	Total pages Schedule F4:		•		3 Filer ID (Ethics Commission Filers)
	Sch: 7/7 Rpt: 31/33	Craddick, Tom (The	e Honorable)		00020051
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	
	ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDIT	\$
				CARD	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid
		\$56.79	06/17/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		DoorDash		116 New Montgomery St	
				Can Francisco CA 0410E	2622
8	PURPOSE OF	(a) Category		San Francisco, CA 94105 (b) Description	-3022
ľ	EXPENDITURE	(See Categories listed at the top	,	Legislative related meetin	α
	X Political	Food/Beverage Exper	nse		9
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chack if Austin TY	officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held
	xpenditure to benefit C/OH			-	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Polling Ex nse Printing Ex Salaries/M	kpense /ages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide	explains now to co	mpiete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 32/33	Craddick, Tom (The Honorable))		00020051
4	Date	5 Payee name			
	01/31/2024	AT&T Mobility			
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de	
	\$81.20	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) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Telecommunications			Check if Austin, TX, officeholder living expense
	EXPENDITURE			Telephone service	9
				•	
9	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
١	expenditure to benefit	candidate/Officerolder flame		Office Sought	Cince neta
	C/OH				
	Date	Payoo namo			
	02/22/2024	Payee name			
		AT&T Mobility			
	Amount (\$) Payee address; City; State; Zip Code				
	\$81.20 PO Box 650574				
	Reimbursement from				
	x political contributions intended	Dallas, TX 75265-0574			
	PURPOSE	Category (See Categories listed at the top	of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Telecommunications	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Telephone service	- E
				,	
_	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit	odrididate/Officerolder flame		Office Sought	Office field
	C/OH				
	Date	Payee name			
	03/26/2024	AT&T Mobility			
\vdash		<u> </u>	Ctata: 7:- 0-	do	
	Amount (\$)	Payee address; City;	State; Zip Co	ue	
	\$86.34	PO Box 650574			
	Reimbursement from political contributions				
	intended	Dallas, TX 75265-0574			
	PURPOSE	Category (See Categories listed at the top	of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Telecommunications			Check if Austin, TX, officeholder living expense
	LAFLINDITORE			Telephone service	e
	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit			5 ,	
	C/OH				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	al Committee Legal Services Salaries The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 33/33	Craddick, Tom (The Honorable)		00020051
4	Date	5 Payee name		
	04/23/2024	AT&T Mobility		
6	Amount (\$)	7 Payee address; City; State; Zip C	Code	
	\$81.91	PO Box 650574		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75265-0574		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Telecommunications		Check if Austin, TX, officeholder living expense
			Telephone service	9
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
ľ	expenditure to benefit	Canada a consensition of the consense of the c	Office Sought	Office field
	C/OH			
	Date	Payee name		
	05/21/2024	AT&T Mobility		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$81.91	PO Box 650574		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75265-0574		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Telecommunications		Check if Austin, TX, officeholder living expense
			Telephone service	9
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Date	Payee name		
	06/21/2024	AT&T Mobility		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$81.91	1 ' ' '		
	Reimbursement from			
	political contributions intended	Dallas, TX 75265-0574		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Telecommunications		Check if Austin, TX, officeholder living expense
			Telephone service	e
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			