### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	Filer ID (Fil		O Total	ا مما:					
$ ^1$	Filer ID (Eth 00080440	ics Commission Filers)	2 Total pages fi	lled: 16				OFFICE U	SE ONLY
				10				Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST				MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Regina					02/05/2024	
		NICKNAME	LAST				SUFFIX		
		Gina	Hinojosa					Date Hand-delivered or	Date Postmarked
4	ORIGINAL	X January 15	Runoff		]	Other (sp	ecify)		
	REPORT TYPE	July 15	Exceeded mo	dified I	reporting lim	it		Receipt #	Amount
		30th day before election	15th day after			er			
		8th day before election	Final Report (					Date Processed	
-					,	Davi	Veer		
5	ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2023	THROU	IGH	Month 12/3	Day 31/2023	Year	Date Imaged	
6	EXPLANATION OF (	CORRECTION							
		se details were added includ included in this amendment	0	In add	dition, we r	eceived a n	otice of an in-ŀ	kind contribution afte	r the original report
7	AFFIDAVIT				ar, or affirr correct.	n, under pe	nalty of perjury	γ, that this corrected	report is true
				Chec	k the box r	next to any	and all applica	ble statements:	
				Х	was made	in good fai	th and without	affirm that the origir an intent to mislead ned in the report.	
				X	report not that the re swear, or	later than t port as orig	he 14th busine jinally filed is in any error or on	that I am filing this iss day after the date naccurate or incompl nission in the report	e I learned lete. I
						The H	onorable Reg	gina Hinojosa	
						Signatur	e of Candidate	e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE							
	Sworn to and subso	ribed before me, by the sai	d				, this tl	he	day
		, 20, to cert							
				-					
	Signature of offic	er administering oath	Printed name	of off	icer admini	stering oatl	n <sup>-</sup>	Title of officer admin	istering oath
Fo	rms provided by To	Remember To Att Nee	ded To Repo	rt Ar		in Corre		ort Form	V3.5.1.9000c471
-U		\us ∟uiius ∪0111111551011	vvvVV	. ວິດ ແມ	JUSICIE	us			v J.J.I.30000047

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00080440		2 Total pages	filed: 116
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Regina			Date Received	
						CALLY FILED
					02/05/2024	
	NICKNAME	LAST		SUFFIX	02/05/2024	
	Gina	Hinojosa				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 300095					
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78703					
					Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Janis				
	NICKNAME	LAST		SUFFIX		
		Pinnelli				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	/ SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER	1507 West 6th			,		,
ADDRESS						
(Residence or Business)						
	Austin, TX 78703					
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER	(512) 478-7816					
PHONE	(512) 470-7010					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff	15th day after o	campaign treasurer
				L		fficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2023	TI	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE	Ξ		ELECTION TYPE		
	Month Day Ye	ar XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative I	District 19		State Representa		
		GO <sup>-</sup>	TO PAGE 2			
Forms provided by To	exas Ethics Commission		thics.state.tx.u	2	Vor	sion V3.5.1.9000c47
Forms provided by Te	as Eulius Cultitiission	www.e	แก่เธร.รเลเย.เx.น	5	ver	3011 v 3.3.1.9000047

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 3 of 116

1

1

13 C / OH NAME	Hinojosa, Regina (Tl	ne Honorable)	14 Filer ID 00080440	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge 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
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 132,335.39
EXPENDITURE TOTALS	3. TOTAL UNITEN	<b>\$</b> 3,111.37		
	4. TOTAL POLITIC	CAL EXPENDITURES		<b>\$</b> 82,419.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	<b>\$</b> 77,367.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	<b>\$</b> 150,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Regina Hinojos	sa
			Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AE	OVE		
Sworn to and subs	cribed before me, by the s	said	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissio	n www.ethics.state.tx.us		Version V3.5.1.9000c47f

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 116 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00080440 Hinojosa, Regina (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 125,697.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 6,638.39 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 82,419.83 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/57 Rpt: 5/116	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)		_	00080440	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/18/2023	Abbott Laboratories Employee PAC				\$500.00
		6 Contributor address; City; State; Zip Code				
		North Chicago, IL 60064-3502				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/01/2023	Act for Texas Classroom Teachers Association				\$6,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78767-1489				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/31/2023	Agnew, Virginia				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-4126				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	T Intoipai ooca			,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2023	Albert, David				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78741-3513				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/09/2023	Allen Boone Humphries Robinson LLP				\$1,500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77027-7537				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		

				1		
The Instruction C	Guide explains how	<i>i</i> to complete this f	orm.		Total pages Schedule A1: Sch: 2/57 Rpt: 6/116	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Hinojosa, Regina (T	he Honorable)				00080440	
Date 5 Full	name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
09/16/2023 And	Irews, Michelle	_				\$50.00
6 Con	tributor address; City; St	tate; Zip Code				
	stin, TX 78757-1316		t			
8 Principal occupation / .	Job title (See Instructions	.)	9 Employer (See Instructions	s)		
Date Full	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
09/11/2023 Arn	old, Ellen					\$300.00
Con	tributor address; City; St	tate; Zip Code				
Aus	tin, TX 78703-3338					
	Job title (See Instructions	;)	Employer (See Instructions	s)		
Date Full	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
12/13/2023 Ass	ociation of Texas Prof	essional Educators PA	AC (ATPE)			\$3,000.00
Con	tributor address; City; St	ate; Zip Code		1		
Aus	tin, TX 78752-3747					
	Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
· ·	, , , , , , , , , , , , , , , , , , ,	,		- /		
Date Full	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/24/2023 Aus	sley, Robbie J.	_				\$50.00
Con	tributor address; City; St	ate; Zip Code		"		
Aus	stin, TX 78731-6143					
Principal occupation / .	Job title (See Instructions	;)	Employer (See Instructions	s)		
Date Full	name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
09/09/2023 Aus	sley, Robbie J.					\$250.00
Con	tributor address; City; St	ate; Zip Code				
Aus	tin, TX 78731-6143					
Principal occupation /	Job title (See Instructions	;)	Employer (See Instructions	s)		
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	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/57 Rpt: 7/116		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)	
		egina (The Honorable)				00080440		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)		
	12/08/2023	Avera, Ashley					\$250.00	
	I	6 Contributor address; City; S	State; Zip Code					
		Austin, TX 78701-1854						
8	Principal occu	upation / Job title (See Instructions	s)	9 Employer (See Instructions	15)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)		
	11/09/2023	BNSF RAILPAC					\$1,500.00	
	I	Contributor address; City; S						
		Fort Worth, TX 76161-003						
	Principal occu	upation / Job title (See Instructions	S)	Employer (See Instructions	;)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)		
	09/12/2023	Bailey, Brooke					\$50.00	
	I	Contributor address; City; S						
		Augustice TV 70702 2000						
		Austin, TX 78703-3909			ŕ			
	Principal occu	upation / Job title (See Instructions	5)	Employer (See Instructions	)			
╞			<u> </u>	<u> </u>	_			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀንደብ በብ	
	09/07/2023		Ptoto Zin Oodo				\$250.00	
		Contributor address; City; S	tate; Zip Code					
		Austin, TX 78735-7917						
<u> </u>	Principal occi	upation / Job title (See Instructions		Employer (See Instructions	()			
		pane	- /		,			
╞	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)		
	12/15/2023	Barksdale, Tamala		/		Allount of Contribution (+)	\$250.00	
	<b>1</b> ,		State <sup>.</sup> Zin Code				<b>T</b>	
		Austin, TX 78753-3346						
	Principal occu	upation / Job title (See Instructions	S)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ			
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	The Instru	ction Guide explains how to c	omplete this fc	orm.	1	Total pages Schedule A1: Sch: 4/57 Rpt: 8/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	,
4	Date	5 Full name of contributor 🗌 ou	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/09/2023	Beer Alliance of Texas PAC					\$2,500.00
		6 Contributor address; City; State; Zi	ip Code				
		Austin, TX 78701-2656					
8	Principal occu	pation / Job title (See Instructions)	ſ	9 Employer (See Instructions	;)		
					—		
	Date		It-of-state PAC (ID#:	)		Amount of Contribution (\$)	A750.00
	11/27/2023	Bernhardt, Rebecca					\$750.00
		Contributor address; City; State; Zi	p Code				
		Austin, TX 78731-5514					
	Principal occu	I I I I I I I I I I I I I I I I I I I		Employer (See Instructions	上 5)		
	Date	Full name of contributor 🗌 ou	ut-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/18/2023	Bernstein, Oliver					\$50.00
		Contributor address; City; State; Zi	ip Code				
		Austin, TX 78741-1167			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/06/2023	Bhatt, Bhuvanesh	וו-טו-גומופ ראכ נושד	/			\$49.00
	00,00,						Ŧ · - ·
			p coue				
		San Antonio, TX 78210-1411					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date		ut-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Blackridge					\$2,000.00
		Contributor address; City; State; Zi					
		Austin, TX 78701-2161					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/57 Rpt: 9/116	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/20/2023	Boling, Jeremiah				\$500.00
		6 Contributor address; City; State; Zip Code				
		New Orleans, LA 70115-3309				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
—	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/06/2023	Boswell, Lynn				\$250.00
		Austin, TX 78703-1936				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
_		J	<u></u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+0=0.00
	09/06/2023					\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-1936				
	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	L		
				,		
—	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/09/2023	Brentwood Public Affairs				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2151				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/08/2023	Brotherhood of Locomotive Engineers & Trainme	en TXPAC			\$1,000.00
		Contributor address; City; State; Zip Code				
-	Dringingloog	Decatur, TX 76234-3869	Employer (Cool Instructions	Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
<u> </u>						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/57 Rpt: 10/116	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		gina (The Honorable)			00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2023	Brown, Sabrina				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78703-2537		Ĺ		
8	Principal occu lobbyist	pation / Job title (See Instructions)	9 Employer (See Instructions self	5)		
	-			1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 05.00
	07/01/2023	Burek, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78758				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu			<i>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/01/2023	Burek, Susan	,			\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78758-7902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/01/2023	Burek, Susan				\$25.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78758-7902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	40F 05
	09/01/2023	Burek, Susan				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78758-7902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
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				1	Total pages Schedule A1:	
The Instrue	ction Guide explains hov	v to complete this f	form.		Sch: 7/57 Rpt: 11/116	
2 FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
Hinojosa, Re	egina (The Honorable)				00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/01/2023	Burek, Susan					\$25.00
	6 Contributor address; City; S	State; Zip Code		1		
	Austin, TX 78758-7902					
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Ī	Amount of Contribution (\$)	
11/01/2023	Burek, Susan					\$25.00
	Contributor address; City; S			1		
Dringing oggu	Austin, TX 78758-7902	- \		<u> </u>		
Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
Date	Full name of contributor		<u> </u>	Г	Amount of Contribution (\$)	
Date 07/13/2023	Burke, Cecelia	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
UIIIJILULU				ł		Φ100.00
	Contributor address; City; S	tate; zip code				
	Austin, TX 78731					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/13/2023	Burke, Cecelia					\$100.00
	Contributor address; City; S	tate; Zip Code		1		
	Auguin TV 70721 2006					
Dringingl occu	Austin, TX 78731-2806			<u> </u>		
ΡΠΠΟιμαι Ουυυ	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	1	Amount of Contribution (\$)	
11/27/2023	Burke, Cecelia					\$250.00
11/21/2020	Contributor address; City; S	State: 7in Code		ł		Ψ200.00
		ומוב, בוף כסמכ				
	Austin, TX 78731-2806					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

The Instruc	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 8/57 Rpt: 12/116	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	5)
	gina (The Honorable)		00080440	,
4 Date	5 Full name of contributor out-of-state P.	'AC (ID#:)	7 Amount of Contribution (\$)	
12/14/2023	Butts, Edna		\$100	0.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78731-5337			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Date	Full name of contributor X out-of-state PA	PAC (ID#: <u>C00009597</u> )	Amount of Contribution (\$)	
11/17/2023	CWA COPE PCC		\$250	0.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20001-2760			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state P.	AC (ID#:)	Amount of Contribution (\$)	
08/31/2023	Carl, Carlton (Mr.)		\$500	J.00
	Contributor address; City; State; Zip Code		1	
	1			
	Martindala TX 79655 0444			
Dringing occu	Martindale, TX 78655-0444 pation / Job title (See Instructions)	Employer (See Instruction)		
Fillupai occuj		Employer (See Instructions	»)	
Date	Full name of contributor out-of-state PA	)	Amount of Contribution (\$)	
09/20/2023	Carney, Dee A.	AC (ID#/	\$250	0.00
	Pflugerville, TX 78660-2267			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PA	PAC (ID#:)	Amount of Contribution (\$)	
11/30/2023	Carranza, Susana		\$50	0.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78701-4346			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>š</i> )	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/57 Rpt: 13/116	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission File	ers)
	egina (The Honorable)		00080440	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/28/2023	Cartwright, Mary Dorsey		9	\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin TV 20204 2007			
Drincinal occu	Austin, TX 78704-2807 pation / Job title (See Instructions)	9 Employer (See Instructions)	<u>\</u>	
0 Fillicipai occu			)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/28/2023	Cartwright, Mary Dorsey		9	\$25.00
	Contributor address; City; State; Zip Code			
- · · ·	Austin, TX 78704-2807		-	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/28/2023	Cartwright, Mary Dorsey			\$25.00
	Austin, TX 78704-2807			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/28/2023			9	\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78704-2807			
Principal occu <sup>r</sup>	pation / Job title (See Instructions)	Employer (See Instructions)	)	
			)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/28/2023	Cartwright, Mary Dorsey		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78704-2807			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	

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	The Instru	ction Guide explains how	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/57 Rpt: 14/116	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
		egina (The Honorable)				00080440	· ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/28/2023	Cartwright, Mary Dorsey					\$25.00
		6 Contributor address; City; S	state; Zip Code				
		Austin, TX 78704-2807					
8	Principal occu	I Ipation / Job title (See Instruction		9 Employer (See Instructions)	)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/20/2023	Casey, Daniel					\$500.00
		Contributor address; City; S					
_		Austin, TX 78723-3421					
	Principal occu	pation / Job title (See Instruction	S)	Employer (See Instructions)	)		
_					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/19/2023						\$125.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78702-3011					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	)		
	·		,		,		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/08/2023	Chapman, Randall D. (M	lr.)				\$250.00
		Contributor address; City; S					
		Austin, TX 78704-4611		,			
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions)	)		
				<u> </u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	****
	10/04/2023	Charles Butt Public Educ					\$10,000.00
		Contributor address; City; S	tate; Zip Code				
		San Antonio, TX 78294-1	1037				
	Principal occu	pation / Job title (See Instruction		Employer (See Instructions)	)		
	·	•	,				
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1							-

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/57 Rpt: 15/116
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)		00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
10/31/2023	Christian, George	\$500.0	
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701-1024		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	t:)	Amount of Contribution (\$)
12/05/2023	Clarke, Margot		\$150.0
	A		
Dringing occ	Austin, TX 78731-5420		Į
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
10/13/2023	Clem, Ted		\$25.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)
Date	Full name of contributor out-of-state PAC (ID#:	!)	Amount of Contribution (\$)
11/09/2023	Cofer, George		\$49.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-5507		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/12/2023	Cofer, George (Mr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-5507		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\$)

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7	The Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 12/57 Rpt: 16/116	
<b>2</b> F	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		egina (The Honorable)				00080440	
4 C	Date	5 Full name of contributor out-of-sta	tate PAC (ID#:	)	7	Amount of Contribution (\$)	
C	09/18/2023	Colmenero, Rudy					\$250.00
		6 Contributor address; City; State; Zip Coc	de				
		1					
		1					
		Austin, TX 78703	r		Ĺ		
8 ⊦	<sup>o</sup> rincipal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
	Date	Full name of contributor X out-of-sta	tate PAC (ID#: <u>C</u>	;00248716)		Amount of Contribution (\$)	
1	11/10/2023	Comcast Corp & NBC Universal PAC					\$500.00
		Contributor address; City; State; Zip Coc					
		1					
		1					
<u> </u>		Philadelphia, PA 19103	r				
F	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	;)		
			<u> </u>		—		
	Date		tate PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 4 F 00
	11/13/2023						\$15.00
		Contributor address; City; State; Zip Coc	e				
		1					
		Austin, TX 78746-4115					
F	Principal occu	ipation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)	 5)		
	·				,		
[	Date	Full name of contributor out-of-sta	tate PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	12/04/2023	Conyngham, Karen					\$15.00
		Contributor address; City; State; Zip Coc					
		1					
		Austin TV 70746 4116					
┝;		Austin, TX 78746-4115	r	Employer (See Instructions	$\square$		
F	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	9		
<u>г</u>	Date	Full name of contributor out-of-sta	tate PAC (ID#:	)	Γ	Amount of Contribution (\$)	
(	07/18/2023	Conyngham, Karen					\$20.00
		Contributor address; City; State; Zip Coc	de				
		1					
		1					
		Austin, TX 78746-4115	r	]			
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	5)		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/57 Rpt: 17/116	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	egina (The Honorable)		00080440	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/13/2023	Conyngham, Karen			\$15.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78746-4115			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/13/2023	Conyngham, Karen			\$15.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-4115			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
г шора осоа			') '	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/01/2023	Conyngham, Karen			\$15.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-4115			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/28/2023	Craig, Richard F.			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-1901			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
09/07/2023	Craig, Richard F.			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-1901			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/57 Rpt: 18/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/05/2023	Cullinane, Mary					\$50.00
		6 Contributor address; City; S	State; Zip Code		1		
_		Austin, TX 78704-6226			Ļ		
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/07/2023	Cullinane, Mary					\$50.00
		Contributor address; City; S			1		
	Dringingloog	Austin, TX 78704-6226					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/18/2023	Culmo, Katy				,	\$500.00
		Contributor address; City; S			•		
		Austin, TX 78703-3140					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	Data			<u> </u>		Amount of Contribution (\$)	
	Date 08/02/2023	Full name of contributor Dainton, Vanessa	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	0010212020		Nata: Zin Cada				ψυ0.00
		Contributor address; City; S	iale, zip coue				
		Austin, TX 78723-4545					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/23/2023	Davis, James					\$50.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78703-5350					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
			<i>'</i> )		''		
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The Instru	ction Guide explains how to complete this f	örm.	<b>1</b> Total pages Schedule A1:	
			Sch: 15/57 Rpt: 19/116	
2 FILER NAME Hinoiosa, Re	egina (The Honorable)		3 Filer ID (Ethics Commission 00080440	Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	<ul><li>7 Amount of Contribution (\$)</li></ul>	
12/01/2023	Davis, John	/		\$10.00
	6 Contributor address; City; State; Zip Code			<b>*</b>
	Bellingham, WA 98229-2347			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Deta		<u> </u>	Amount of Contribution (¢)	
Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$500.00
09/20/2023	DeBeauvoir, Dana			\$200.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-6508			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/30/2023	Dealey, Amanda			\$250.00
	Contributor address; City; State; Zip Code			
	A			
Principal occu	Austin, TX 78703-4634	Employer (See Instructions)	<u> </u>	
Piliicipai occu	pation / Job title (See Instructions)	Employer (See instructions,	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/06/2023	Del Bosque, Nora			\$250.00
	Contributor address; City; State; Zip Code			•
	Austin, TX 78731-1525			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 250.00
09/03/2023	Denkler, Ann M (Ms.)			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-4006			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
		1		

e Honorable) ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne butor address; City; S	IS) out-of-state PAC (ID#:	9 Employer (See Instructions)	Amount of Contribution (\$)	n Filers) \$100.00 \$50.00
ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	State; Zip Code	9 Employer (See Instructions)	7 Amount of Contribution (\$) ) Amount of Contribution (\$) )	
an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	State; Zip Code	9 Employer (See Instructions)	) Amount of Contribution (\$)	
butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	IS) out-of-state PAC (ID#:	)  Employer (See Instructions)	Amount of Contribution (\$)	
n, TX 78757-7538 b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	IS) out-of-state PAC (ID#:	)  Employer (See Instructions)	Amount of Contribution (\$)	\$50.00
b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	out-of-state PAC (ID#:	)  Employer (See Instructions)	Amount of Contribution (\$)	\$50.00
b title (See Instructions ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	out-of-state PAC (ID#:	)  Employer (See Instructions)	Amount of Contribution (\$)	\$50.00
ame of contributor an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	out-of-state PAC (ID#:	)  Employer (See Instructions)	Amount of Contribution (\$)	\$50.00
an, Kathleen butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	State; Zip Code	Employer (See Instructions)	)	\$50.00
butor address; City; S n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	State; Zip Code Its)	Employer (See Instructions)		\$50.00
n, TX 78757-7538 b title (See Instructions ame of contributor an, Marianne	State; Zip Code Its)	Employer (See Instructions)		
b title (See Instructions ame of contributor an, Marianne	out-of-state PAC (ID#:_			
b title (See Instructions ame of contributor an, Marianne	out-of-state PAC (ID#:_			
ame of contributor an, Marianne	out-of-state PAC (ID#:_			
an, Marianne	—	)	Amount of Contribution (\$)	
		I		
butor address; City; S				\$500.00
	state; Zip Code			
n, TX 78703-3447				
b title (See Instruction	s)	Employer (See Instructions)	)	
ame of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
is, Caro	,			\$25.00
butor address; City; S	state; Zip Code			
TV 707E0 7/07				
		Employer (See Instructions)	<u>\</u>	
) אוופ (ספר וווסוומטווטיוי)	5)	Ellipioyer (See instructions)	)	
ame of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
ett, Khayree				\$25.00
outor address; City; S	state; Zip Code			
1400 TV 75007-50'	٦E			
		Employer (See Instructions)	<u>\</u>	
J lille (See manuchon	5)		1	
	ame of contributor ett, Khayree butor address; City; S Ilton, TX 75007-502	b title (See Instructions)	b title (See Instructions) Employer (See Instructions) arme of contributor out-of-state PAC (ID#:) ett, Khayree butor address; City; State; Zip Code Ilton, TX 75007-5025	b title (See Instructions) Employer (See Instructions)  arme of contributorout-of-state PAC (ID#:)  ett, Khayree butor address; City; State; Zip Code  Ilton, TX 75007-5025

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 17/57 Rpt: 21/116
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)		00080440
4 Date 10/23/2023	5 Full name of contributor out-of-state PAC (ID#: Dwyer, Davida	)	7 Amount of Contribution (\$) \$100.0
10/20/200	6 Contributor address; City; State; Zip Code		
	Austin, TX 78757-7808		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	.) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Everitt, Patti		\$150.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78722-1223		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/12/2023	Feldman, Cris		\$500.0
	Contributor address; City; State; Zip Code Houston, TX 77098-1789		
Princinal OCCU	pation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
			·)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/06/2023	Feldman, Cris		\$250.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77098-1789		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor Dut-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/06/2023	Fishman, Mark		\$500.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78751-4702		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
		<u> </u>	

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	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 18/57 Rpt: 22/116	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		egina (The Honorable)			-	00080440	,
4	Date	5 Full name of contributor out-of-state PA	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/20/2023	Flint, Cynthia HALL					\$50.00
	I	6 Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78704-5337		,]			
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state P.	PAC (ID#:_	)		Amount of Contribution (\$)	
	11/09/2023	Focused Advocacy PAC					\$1,000.00
	I	Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78701-2643			Ļ		
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions)	)		
_			'	<u> </u>	_		
	Date	Full name of contributor out-of-state P,	'AC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 100.00
	10/13/2023						\$100.00
		Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78731-1244					
	Principal occl	upation / Job title (See Instructions)		Employer (See Instructions)	;)		
		· · · ·	1		,		
_	Date	Full name of contributor out-of-state PA	PAC (ID#:_	)	_	Amount of Contribution (\$)	
	07/07/2023	Garcia, Blanca					\$100.00
	I	Contributor address; City; State; Zip Code					
		1					
		1					
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions)	)		
			!	<u> </u>	_		
	Date	Full name of contributor out-of-state P.	'AC (ID#:_	)		Amount of Contribution (\$)	
	12/05/2023	Gardner, Margaret Ann					\$125.00
		Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78739-2067					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	لــــــــــــــــــــــــــــــــــــ		
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The Instruc	ction Guide explains how to	o complete this f	orm.	1	Total pages Schedule A1: Sch: 19/57 Rpt: 23/116	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Hinojosa, Re	egina (The Honorable)				00080440	-
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/18/2023	Garza, Delia					\$250.00
	6 Contributor address; City; State;					
	Austin, TX 78749-4025					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
08/02/2023	Gentry, Karen					\$49.00
	Contributor address; City; State;					
	Austin TX 79702 1062					
Principal occu	Austin, TX 78703-1962 pation / Job title (See Instructions)		Employer (See Instructions	$\sum_{i=1}^{n}$		
Plincipai occu				ŋ		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/07/2023	Gentry, Karen		/			\$250.00
	Contributor address; City; State;					
		<b>)</b> — P				
	Austin, TX 78703-1962					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
				_		
Date 10/04/2023		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢100.00
10/04/2023	Gerson, Lora Ann and Steve					\$100.00
	Contributor address; City; State;	; Zip Code				
	Austin, TX 78731-5634					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/07/2023	Ghatalia, Ashwin KANTILAL					\$250.00
	Contributor address; City; State;	; Zip Code				
	Austin, TX 78746-7215					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
r mcipai occu				ッ		
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The Instru	ction Guide explains how to complete this fo	orm	1 Total pages Schedule A1:
			Sch: 20/57 Rpt: 24/116
2 FILER NAME			3 Filer ID (Ethics Commission Filers) 00080440
-	egina (The Honorable)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/08/2023	Gibbs, Rebecca		\$50
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78756-3221		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/09/2023	Grace & McEwan Consulting LLC Political Fund		\$250
	Contributor address; City; State; Zip Code		
	Auntin TV 70701 1620		
Principal occu	Austin, TX 78701-1629	Employer (See Instructions	
Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/18/2023	Graham, Ann S.	/	\$50 \$50
00, 10, 11, 1	Contributor address; City; State; Zip Code		
	Austin, TX 78751-4718		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/06/2023	Graham, Ann S.		\$250
	Contributor address; City; State; Zip Code		
	Augustian TV 70751 4710		
Drincinal occu	Austin, TX 78751-4718 pation / Job title (See Instructions)	Employer (See Instructions	A
Pillupa occa	pation / Job tile (See Instructions)		)
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
09/11/2023	Grant, Kathy (Ms.)	,	\$250
	Contributor address; City; State; Zip Code		
	Austin, TX 78701-1615		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	()

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	The Instru	ction Guide explains how to c	omplete this f	orm.	1	Total pages Schedule A1: Sch: 21/57 Rpt: 25/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		egina (The Honorable)				00080440	
4	Date	5 Full name of contributor ou	ut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/01/2023	Gregory, Bob E (Mr.)					\$250.00
		6 Contributor address; City; State; Zi					
		Austin, TX 78747-1564					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date	Full name of contributor	ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/28/2023	Griffith, Idona Jane					\$25.00
		Contributor address; City; State; Zi					
		Austin, TX 78759-7177			Ĺ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
		1 - 11 - f		<u> </u>	_		
	Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀር ባለ በበ
	09/19/2023						\$500.00
		Contributor address; City; State; Zi	ıp Code				
		Austin, TX 78746-2948					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
		paulon, 000 and (222 million -,			''		
	Date	Full name of contributor	ut-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/08/2023	Gulf States Toyota Inc. State P	PAC				\$500.00
		Contributor address; City; State; Zi					
		Houston, TX 77077-2026					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/27/2023	Hackney, Susan					\$500.00
		Contributor address; City; State; Zi					
		Austin TV 70701 4151					
	Drizoinal agai	Austin, TX 78701-4151	,	Employer (Cool Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
			J				

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 22/57 Rpt: 26/116	
2	FILER NAME				3	Filer ID (Ethics Commission	1 Filers)
[		a, Regina (The Honorable)			Ū	00080440	
4	Date	5 Full name of contributor out-of-s	tate PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/05/2023	Haley, Anthony Floyd					\$500.00
		6 Contributor address; City; State; Zip Co					
		Austin, TX 78701-1810					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date	Full name of contributor 🛛 out-of-s	tate PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2023	Hall, Elizabeth Hood					\$250.00
		Contributor address; City; State; Zip Co					
		Austin, TX 78751-3525					
				Employer (See Instructions	)		
	Date	Full name of contributor	tate PAC (ID#:	)		Amount of Contribution (\$)	
	09/20/2023	Hanlon, Ellie		······································			\$50.00
		Contributor address; City; State; Zip Co					
			uc				
		Austin, TX 78751-2618					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor 🔲 out-of-s	tate PAC (ID#:	)		Amount of Contribution (\$)	
	11/15/2023	Harris, Barbara					\$250.00
		Contributor address; City; State; Zip Co					
		Austin, TX 78703-1164					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
F	Date	Full name of contributor out-of-s	tate PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2023	Hecker, Marvin L.					\$25.00
		Contributor address; City; State; Zip Co					
		Austin, TX 78746-6348					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
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The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 23/57 Rpt: 27/116
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	egina (The Honorable)		00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/01/2023	Hecker, Marvin L.		\$250.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)
	<b></b>		1 (4)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/31/2023			\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)
	palon / coo and (coo		7
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/30/2023	Hecker, Marvin L. (Mr.)		\$25.00
	Austin, TX 78746-6348		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
		,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/31/2023			\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L \$)
			,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/31/2023	Hecker, Marvin L. (Mr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78746-6348		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

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The Inst	ruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 24/57 Rpt: 28/116	
2 FILER NA	ΛE	3 Filer ID (Ethics Commission	n Filers)	
Hinojosa,	Regina (The Honorable)		00080440	-
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7 Amount of Contribution (\$)	
07/07/202				\$100.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704			
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Date	—	)#:)	Amount of Contribution (\$)	
09/18/202				\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1331			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			,	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of Contribution (\$)	
09/20/202	Hill, Lamont			\$50.00
	Contributor address; City; State; Zip Code			
Dringinglig	Dallas, TX 75227-1435		l	
Рппсіраї о	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor Out-of-state PAC (ID	<u> </u>	Amount of Contribution (\$)	
12/13/202		#:)		\$500.00
1 <i>Cl</i> 10 <i>l</i> 201	Contributor address; City; State; Zip Code			Ψ000.00
	Contributor address, City, State, Zip Code			
	Austin, TX 78701-2458			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of Contribution (\$)	
12/06/202	Hitt, Gregory Paul			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759-8613			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 25/57 Rpt: 29/116
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)		00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/13/2023	Howard, Ann Gill (The Honorable)	ļ	\$125.
	6 Contributor address; City; State; Zip Code		
	1		
	Austin, TX 78701-1025		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/13/2023	Howard, Robert M (Mr.)	ļ	\$125.
	Contributor address; City; State; Zip Code		
		ļ	
	Austin TV 20204 5000		
Dringinal occu	Austin, TX 78704-5809	Employer (See Instructions	
Pillicipai occup	ipation / Job title (See Instructions)	Employer (See Instructions)	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/01/2023	Hunziker, J Emil		\$250.
1	Contributor address; City; State; Zip Code		
	1		
ļ			
	Austin, TX 78751-1325	(0 lastruotions	
Principal occup	ipation / Job title (See Instructions)	Employer (See Instructions)	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/05/2023	Hunziker, J Emil		\$250.
	Contributor address; City; State; Zip Code		
ļ		ļ	
ļ	Austin, TX 78751-1325		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> s)
	ļ		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/17/2023	IBAT PAC	ļ	\$500.
	Contributor address; City; State; Zip Code		
	Austin, TX 78701-1683		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	c)
F III opus occer			5)
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Ţ	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/57 Rpt: 30/116	
<b>2</b> F	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
ŀ	linojosa, Re	linojosa, Regina (The Honorable)			00080440	-
<b>4</b> C	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
C	09/20/2023	IBAT PAC - PAC of the Independent Bankers As	ssociat			\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701-1683		Ĺ		
8 -	rincipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
[	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	L0/03/2023	IBEW PAC Voluntary Fund				\$1,000.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Washington, DC 20001-3886		Ļ		
F	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
1	L0/23/2023	Ireson, Diane				\$50.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Austin, TX 78703-1017		Ļ		
F	rincipal occu	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	;)		
C	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
1	L1/06/2023	Ireson, Diane				\$250.00
		Contributor address; City; State; Zip Code		1		
		Augustica TV 20200 1017				
		Austin, TX 78703-1017	Employer (See Instructions			
F	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
C	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
C	09/20/2023	Ironworkers State Committee of Political Education	ion			\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051-3395		Ĺ		
F	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		

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The In	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 27/57 Rpt: 31/116	
2 FILER N	AME	3	Filer ID (Ethics Commissio	on Filers)
Hinojos	a, Regina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/01/2	023 Irwin, Michael			\$200.00
	6 Contributor address; City; State; Zip Code			
Dringing	Pasadena, CA 91101-2685			
	occupation / Job title (See Instructions) 9 Employer (See Instruction	)115)		
Date	Full name of contributor     out-of-state PAC (ID#:)		Amount of Contribution (\$)	
12/08/2	Jackson Walker LLP			\$1,000.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201-2725			
Principal	occupation / Job title (See Instructions) Employer (See Instruction	ns)		
		,,		
Date	Full name of contributor     out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/18/2	)23 Jeffrey, Doug			\$100.00
	Contributor address; City; State; Zip Code			
Dringing	Austin, TX 78704-2005			
Ριιιυμαι	occupation / Job title (See Instructions) Employer (See Instruction	)1157		
Date	Full name of contributor         out-of-state PAC (ID#:)		Amount of Contribution (\$)	
09/20/2				\$50.00
	Contributor address; City; State; Zip Code			
Dringing	Austin, TX 78746-6902			
Principai	occupation / Job title (See Instructions) Employer (See Instruction	ns)		
Date	Full name of contributor     out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/05/2	Jones, Melissa			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-4013			
Principal	occupation / Job title (See Instructions) Employer (See Instruction	ns)		
1 1110.pc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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The Instru	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 28/57 Rpt: 32/116
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Hinojosa, Re	egina (The Honorable)		00080440
4 Date 09/06/2023	5 Full name of contributor out-of-state Jones, Melissa	e PAC (ID#:)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78703-4013		
B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	
Date	Full name of contributor out-of-state	• PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	Jones, Melissa	РАС (ID#	\$100.00
USITOITOTO			φ±00.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78703-4013		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	uns)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
12/08/2023	K&L Gates LLP Committee for Good G	Sovernment	\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201-7342		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ins)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
11/09/2023	Keiser, Autumn		\$25.00
ļ	Contributor address; City; State; Zip Code		
	Austin, TX 78759-6908		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ins)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
09/07/2023	Keller, Eileen		\$125.00
}	Contributor address; City; State; Zip Code		
	Austin, TX 78731-6126		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ins)
		l	

—					1	Total pages Schedule A1:	
	The Instrue	ction Guide explains hov	<i>w</i> to complete this f	orm.	Ē	Sch: 29/57 Rpt: 33/116	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/07/2023	Kennard, Karen					\$500.00
		6 Contributor address; City; S			1		
		Austin, TX 78703-3910					
8	Principal occu	upation / Job title (See Instruction	IS)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
-	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/07/2023	Kester, Steven	—				\$250.00
		Contributor address; City; S			1		
		Austin, TX 78731-2911					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions	5)		
_					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/06/2023	King, Christtopher					\$250.00
		Contributor address; City; S	state; Zip Code				
		Austin, TX 78704-4840					
	Principal occu	upation / Job title (See Instruction	 IS)	Employer (See Instructions	L		
		, .			,		
—	Date	Full name of contributor	out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	11/14/2023	Kmetz, Lorie					\$20.00
		Contributor address; City; S	State; Zip Code		ł		
		Austin, TX 78757-3220					
	Principal occu	upation / Job title (See Instruction	s)	Employer (See Instructions	5)		
_					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/09/2023	Koenig, Jacqueline					\$25.00
		Contributor address; City; S	state; Zip Code				
		Houston, TX 77025-4130	)				
	Principal occu	upation / Job title (See Instruction		Employer (See Instructions	<u>L</u> ເ)		
			5)		''		
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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 30/57 Rpt: 34/116	
2	2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Regina (The Honorable)				00080440	,	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/15/2023	Kressin, Megan					\$500.00
		6 Contributor address; City; S	tate; Zip Code		1		
Ļ		Austin, TX 78756-1624	1	<u>.</u>	Ĺ		
8	Principal occu	pation / Job title (See Instructions	\$)	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	11/08/2023	LAW - PAC					\$500.00
		Contributor address; City; S	tate; Zip Code		1		
		Austin, TX 78701-2133		<u> </u>			
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
					-		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±=20.00
	09/08/2023	Landuyt, Noel					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78703-4127					
$\vdash$	Principal occu	L pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	12/08/2023	Landuyt, Noel					\$250.00
		Contributor address; City; S	tate; Zip Code		1		
		Augtin TV 70700 4407					
_	Dringinglaggy	Austin, TX 78703-4127	-				
	Principal occu	pation / Job title (See Instructions	<b>i</b> )	Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/17/2023	League, Karrie				( )	\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78705-5332					
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Not Employe	<sup>i</sup> d		Not Employed			

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 31/57 Rpt: 35/116	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
		egina (The Honorable)			00080440	,
4	Date	5 Full name of contributor out-of-state PAC (II	)	7	Amount of Contribution (\$)	
	09/18/2023	Leahy, Francesca				\$125.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78704-5915				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
				-		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	12/03/2023	Levy, Kendall		]		\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705-2319				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	T mopos			.,		
-	Date	Full name of contributor out-of-state PAC (II		Τ	Amount of Contribution (\$)	
	09/28/2023	Linebarger Goggan Blair & Sampson LLP	,			\$1,000.00
	-	Contributor address; City; State; Zip Code		1		
		Austin, TX 78760-7428	<u>.</u>			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
				_		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	12/02/2023	Linebarger, Dale				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-3137				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not employe		Not employed	,		
	Date	Full name of contributor Out-of-state PAC (II	 D#:)	Γ	Amount of Contribution (\$)	
	11/29/2023	Lorenz, Perry Howard				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78702-3301				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Real Estate		Self			

The Inst	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/57 Rpt: 36/116	
2 FILER NA	 /E		3 Filer ID (Ethics Commission I	Filers)
	Regina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
09/20/202				\$500.00
	6 Contributor address; City; State; Zip Code			
	Brownsville, TX 78523-3890			
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/06/202				\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78702-4041			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/30/202	23 Maguire-Powell, Alison			\$10.00
	Contributor address; City; State; Zip Code			
	Dopton TV 76910 4697			
Dringinal o	Denton, TX 76210-4637	Employer (See Instructions		
Pilicipai o	ccupation / Job title (See Instructions)	Employer (See Instructions	i)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/30/202		/	, anount of contraction (+)	\$10.00
	Contributor address; City; State; Zip Code			<del>.</del>
	Denton, TX 76210-4637			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/202				\$10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210-4637			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	

6       Contributor address; City; State; Zip Code         Denton, TX 76210-4637       9         8       Principal occupation / Job title (See Instructions)       9         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         10/30/2023       Maguire-Powell, Alison       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Denton, TX 76210-4637       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Denton, TX 76210-4637       Employer (See Instructions)       S1         Denton, TX 76210-4637       Employer (See Instructions)       S1         Date       Full name of contributor       out-of-state PAC (ID#:					
2       FILER NAME Hinojosa, Regina (The Honorable)       3       Filer ID (Ethics Commission Filers 00080440         4       Date 09/30/2023       5       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code       9       Employer (See Instructions)       7         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         10/30/2023       Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)       Amount of Contribution (\$)         10/30/2023       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (\$)         2       Date Denton, TX 76210-4637       Employer (See Instructions)       Amount of Contribution (\$)         12/30/2023       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (\$)         12/30/2023       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (\$)         21/30/2023       Full name of contributor out-of-state PAC (ID#:) Markman, Melisa       Amount of Contribution (\$)         21/30/2023       Full name of contributor out-of-state PAC (ID#:	The Instru	ction Guide explains how to complete this f	orm.		
Hinojosa, Regina (The Honorable)       00080440         4 Date 09/30/2023       5 Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       7 Amount of Contribution (\$)         6 Contributor address; City; State; Zip Code       9 Employer (See Instructions)       9 Employer (See Instructions)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         10/30/2023       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Denton, TX 76210-4637       Employer (See Instructions)       Amount of Contribution (\$)         Date       Denton, TX 76210-4637       Employer (See Instructions)       Amount of Contribution (\$)         12/30/2023       Full name of contributor out-of-state PAC (ID#:	2 FILER NAME			-	Filers)
09/30/2023       Maguire-Powell, Alison       \$1         6       Contributor address; City; State; Zip Code					,
6       Contributor address; City; State; Zip Code         Denton, TX 76210-4637       9         8       Principal occupation / Job title (See Instructions)       9         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         S1       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Date       Denton, TX 76210-4637       Amount of Contribution (\$)       \$1         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1         12/30/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$1         12/30/2023       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Ortholocupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Date       Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:	) .	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Denton, TX 76210-4637       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Denton, TX 76210-4637       Employer (See Instructions)       State PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$10         Date       Denton, TX 76210-4637       Employer (See Instructions)       Amount of Contribution (\$)         07/07/2023       Full name of contributor	09/30/2023				\$10.00
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code					
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Full name of contributor address; City; State; Zip Code					
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code		Denton. TX 76210-4637			
Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         10/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Denton, TX 76210-4637       Fincipal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         12/30/2023       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         Date       Denton, TX 76210-4637       Employer (See Instructions)       \$1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Date       Denton, TX 76210-4637       Amount of Contribution (\$)       \$1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)       \$10         07/07/2023       Markman, Melisa       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$10	8 Principal occu		9 Employer (See Instructions)		
10/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code					
Contributor address; City; State; Zip Code         Denton, TX 76210-4637         Principal occupation / Job title (See Instructions)         Date         12/30/2023         Maguire-Powell, Alison         Contributor address; City; State; Zip Code         Denton, TX 76210-4637         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         Denton, TX 76210-4637         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         OT/07/2023         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         OT/07/2023         Markman, Melisa         Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	10/30/2023				\$10.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1         Denton, TX 76210-4637       Denton, TX 76210-4637       Employer (See Instructions)       \$1         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1         Denton, TX 76210-4637       Denton, TX 76210-4637       Employer (See Instructions)       \$1         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Contributor address; City; State; Zip Code       State; Zip Code       State; Zip Code					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$1         Denton, TX 76210-4637       Denton, TX 76210-4637       Employer (See Instructions)       \$1         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Contributor address; City; State; Zip Code       State; Zip Code       State; Zip Code					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code         Denton, TX 76210-4637       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Markman, Melisa       \$10         Contributor address; City; State; Zip Code       \$10			l		
12/30/2023       Maguire-Powell, Alison       \$1         12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Denton, TX 76210-4637       \$1         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       \$1         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Markman, Melisa       \$10         Contributor address; City; State; Zip Code       \$10	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
12/30/2023       Maguire-Powell, Alison       \$1         Contributor address; City; State; Zip Code       Denton, TX 76210-4637       \$1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1         Date       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/07/2023       Markman, Melisa       \$10         Contributor address; City; State; Zip Code       \$10			<u> </u>		
Contributor address; City; State; Zip Code         Denton, TX 76210-4637         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         07/07/2023         Markman, Melisa         Contributor address; City; State; Zip Code			)	Amount of Contribution (\$)	
Denton, TX 76210-4637         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Markman, Melisa       \$10         Contributor address; City; State; Zip Code       \$10	12/30/2023				\$10.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/07/2023       Markman, Melisa         Contributor address; City; State; Zip Code       \$10					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/07/2023       Markman, Melisa         Contributor address; City; State; Zip Code       \$10					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         07/07/2023       Markman, Melisa         Contributor address; City; State; Zip Code       \$10		Denton TX 76210-4637			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/07/2023       Markman, Melisa       \$10         Contributor address; City; State; Zip Code       \$10	Principal occu		Employer (See Instructions)		
07/07/2023 Markman, Melisa \$10 Contributor address; City; State; Zip Code	1 11. open 2222				
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	07/07/2023				\$100.00
AUSTIN, TX 78731					
AUSTIN, TX 78731					
AUSTIN, TX 78731					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
				• • • • • • • • • • • • • • • • • • • •	\$25.00
Contributor address; City; State; Zip Code		-			
		Austin, TX 78745-4317			
Austin, TX 78745-4317					
Austin, TX 78745-4317       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions)		
	Principal occu		Employer (See Instructions)		
	Principal occu		Employer (See Instructions)		

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	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/57 Rpt: 38/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/05/2023	Massey, Pat	_				\$100.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78723					
8	Principal occu	I upation / Job title (See Instructions	iS)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/13/2023	Massey, Pat					\$100.00
		Contributor address; City; S			•		
		Austin, TX 78722-1227					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/23/2023	Massey, Pat					\$100.00
		Contributor address; City; S		1			
		Austin TV 70700 1007					
	Dringing oog	Austin, TX 78722-1227					
	Pilicipai occu	upation / Job title (See Instructions	5)	Employer (See Instructions	5)		
=	Date	Full name of contributor		)	_	Amount of Contribution (\$)	
	11/15/2023	Massey, Pat	out-of-state PAC (ID#:_	)			\$100.00
	11/10/2020	Contributor address; City; S	Stata: Zin Cade		$\mathbf{I}$		Ψ100.00
			iale, zip coue				
		Austin, TX 78722-1227					
	Principal occu	upation / Job title (See Instructions	is)	Employer (See Instructions	<b></b> ;)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/27/2023	Massey, Pat	_				\$100.00
		Contributor address; City; S	state; Zip Code				
		Austin, TX 78722-1227					
	Principal occu	upation / Job title (See Instructions	S)	Employer (See Instructions	;)		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 35/57 Rpt: 39/116
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	egina (The Honorable)		00080440
4 Date	5 Full name of contributor Out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
12/01/2023	Massey, Pat	_	\$100.00
	6 Contributor address; City; State; Zip Code		•
	Austin, TX 78722-1227		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	3)
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
09/06/2023	Massey, Pat		\$100.00
	Contributor address; City; State; Zip Code		1
Duin single good	Austin, TX 78722-1227		Į
Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions)	\$)
		Chasesource	T
Date Full name of contributor out-of-state PAC (ID#:		.:)	Amount of Contribution (\$)
11/06/2023			\$100.00
	Contributor address; City; State; Zip Code		
Austin, TX 78722-1227			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Consultant	,	Chasesource	
Date	Full name of contributor out-of-state PAC (ID#	t: )	Amount of Contribution (\$)
12/06/2023	Massey, Pat	,	\$100.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78722-1227		
-	ipation / Job title (See Instructions)	Employer (See Instructions)	s)
Consultant		Chasesource	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
12/13/2023	Massey, Pat		\$100.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78722-1227		<u> </u>
-	ipation / Job title (See Instructions)	Employer (See Instructions)	\$)
Consultant		Chasesource	

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/57 Rpt: 40/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/29/2023	Massey, Pat	_				\$100.00
		6 Contributor address; City; S	tate; Zip Code				
	<u> </u>	Austin, TX 78722-1227	<u>``</u>		Ĺ		
8	Consultant	pation / Job title (See Instruction	5)	<ul> <li>9 Employer (See Instructions Chasesource</li> </ul>	5)		
╘					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#</b> 050.00
	12/05/2023	Maxwell, Felicity					\$250.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78704-2019					
⊢	Principal occu	pation / Job title (See Instruction)	s)	Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/07/2023	McElroy, Jim	—				\$10.00
		Contributor address; City; S	tate; Zip Code				
⊢	<u> </u>	Austin, TX 78757	<u>``</u>		Ĺ		
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
╞	Date	Full name of contributor		<u> </u>	Г	Amount of Contribution (\$)	
	08/02/2023	McElroy, Jim	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00
	00/02/2020		tata: Zin Code				\$10.00
		Contributor address, City, S					
		Austin, TX 78757-2538					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/07/2023	McElroy, Jim					\$50.00
		Contributor address; City; S					
		Austin, TX 78757-2538					
⊢	Principal occu		c)	Employer (See Instructions	<u> </u>		
	i-micipal occu	pation / Job title (See Instruction	<i></i>	Employer (See Instructions	7)		
⊢							
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	The Instru	ction Guide explains how	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/57 Rpt: 41/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/14/2023	McElroy, Jim					\$10.00
		6 Contributor address; City; S	State; Zip Code				
		Austin, TX 78757-2538		]			
8	Principal occu	upation / Job title (See Instruction	IS)	9 Employer (See Instructions)	;)		
_	Date	Full name of contributor	x out-of-state PAC (ID#:	C00225342 )	Γ	Amount of Contribution (\$)	
	12/27/2023	McGuire Woods Federal					\$250.00
		Contributor address; City; S					
		Richmond, VA 23219-39			Ļ		
	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions)	;)		
—				<u> </u>	—		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>*</b> 250.00
	09/18/2023						\$250.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78759-8710					
	Principal occu	upation / Job title (See Instruction	 ns)	Employer (See Instructions	L		
			,				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/30/2023	McWilliams, Andrea					\$500.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78703-3151					
	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions)	;)		
					—		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/22/2023	Meed, Alex ARBONA					\$100.00
		Contributor address; City; S	State; Zip Code				
		Austin, TX 78703-0062					
	Principal occu	upation / Job title (See Instruction	nc)	Employer (See Instructions)	<u> </u> ເ)		
	г шора осса		13)		<b>9</b>		

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 38/57 Rpt: 42/116
2 FILER N	AMF	3 Filer ID (Ethics Commission Filers)
	a, Regina (The Honorable)	00080440
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
11/09/2		\$20.00
	6 Contributor address; City; State; Zip Code	
	Austin, TX 78748-6415	
• Princina		r (See Instructions)
ο Γιποιρα		
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
09/19/2		\$100.00
	Contributor address; City; State; Zip Code	
	Austin, TX 78703-4746	
Principa	l occupation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
09/19/2	023 Merriam, Rosemary (Ms.)	\$100.00
	Contributor address; City; State; Zip Code	
	A	
Drinoing	Austin, TX 78703-4746	
Principa	l occupation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/07/2		\$18.00
	Contributor address; City; State; Zip Code	
	Austin, TX 78756	
Principa	l occupation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
10/13/2	023 Miller, Cyral	\$18.00
	Contributor address; City; State; Zip Code	
	Augustice TV 20250 0012	
	Austin, TX 78756-3217	
Principa	l occupation / Job title (See Instructions) Employer	r (See Instructions)

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	The Instru	iction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/57 Rpt: 43/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/23/2023	Miller, Cyral					\$18.00
					1		
		Austin, TX 78756-3217					
8	Principal occu	upation / Job title (See Instruction	IS)	9 Employer (See Instructions	;)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/06/2023	Miller, Cyral	_				\$18.00
		Contributor address; City; S			1		
		Austin, TX 78756-3217					
	Principal occu	upation / Job title (See Instruction	S)	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/01/2023	Miller, Karen					\$50.00
		Contributor address; City; S		ļ			
		Carrier Dropph TV 7007(	~ 5070				
	D i sizal eest	Spring Branch, TX 78070			Ĺ		
	Principal occu	upation / Job title (See Instruction:	S)	Employer (See Instructions	5)		
╞		<u> </u>			<del></del>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀር ባር በር
	09/12/2023	Mitchell, John Charles					\$500.00
		Contributor address; City; S	state; Zip Code				
		Austin, TX 78756-2203					
-	Principal occu	upation / Job title (See Instruction		Employer (See Instructions	L		
	r	<b></b>	-)	- F -7 - V	,		
F	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	12/08/2023	Moak Casey PAC		/			\$1,500.00
		Contributor address; City; S	State: Zin Code				Ŧ ,-
			uio, <u></u> p 0002				
		Austin, TX 78746-5776					
	Principal occu	upation / Job title (See Instruction	IS)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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SCHEDULE	A1
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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1:	
2 FILER NAME			Sch: 40/57 Rpt: 44/116 3 Filer ID (Ethics Commission	on Eilers)
	egina (The Honorable)		00080440	ULLEISI
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C00//30256 )	<ul><li>7 Amount of Contribution (\$)</li></ul>	
12/13/2023	Molina Healthcare PAC		Amount of Contribution (4)	\$1,000.00
<b>1111111111111</b>	6 Contributor address; City; State; Zip Code			Ψ±,
	Contributor address, only, State, Zip Source			
	Long Beach, CA 90802-4317			
3 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Montes, Eva J.			\$250.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78758-3728			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			·)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/30/2023	Moore, Adrian			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78746-2415			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
		000000550		
Date	Full name of contributor X out-of-state PAC (ID#:	(200366559)	Amount of Contribution (\$)	\$2,000.00
11/09/2023 NRG Energy Inc. PAC Contributor address; City; State; Zip Code				φ2,000.00
	Contributor address, City, State, Zip Code			
	Princeton, NJ 08540-6023			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/18/2023	Naishtat, Robert			\$25.00
	Contributor address; City; State; Zip Code			
Dringing age	Pflugerville, TX 78660-3817	Employer (Cool patruations		
Principal OCCL	ipation / Job title (See Instructions)	Employer (See Instructions	<i>)</i>	

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/57 Rpt: 45/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		egina (The Honorable)				00080440	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/23/2023	Neavel, Nancy T.	—				\$50.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Austin TV 70702					
Q	Principal occu	Austin, TX 78703 upation / Job title (See Instructions)	<u>\</u>	9 Employer (See Instructions	<u> </u>		
0			,		»)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Ī	Amount of Contribution (\$)	
	09/20/2023	Neavel, Nancy T. (Ms.)					\$49.00
		Contributor address; City; Sta			1		
		Austin, TX 78703					
	Principal occl	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ג)		
		,,			-,		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/24/2023	Nelson, Piper					\$100.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Austin TV 70705 2522					
	Drincinal occu	Austin, TX 78705-2532 upation / Job title (See Instructions)	<u></u>	Employer (See Instructions	<u> </u>		
			′		>)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/13/2023	Nokes, Jill					\$100.00
		Contributor address; City; Sta			1		
		Austin, TX 78751-3721					
	Princinal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> נו		
	r moipai occa		,		<i>)</i>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2023	Nokes, Jill					\$100.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Austin, TX 78751-3721					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	 5)		
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	The Instru	ction Guide explains how to comple	te this fo	orm.	1	Total pages Schedule A1: Sch: 42/57 Rpt: 46/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	,
4	-		PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/17/2023	Nokes, Jill				· ·	\$100.00
		6 Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78751-3721					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions	.)		
	Date	Full name of contributor out-of-state	PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/08/2023	Oncor Texas State :PAC					\$1,000.00
		Contributor address; City; State; Zip Code					
		1					
		Dallas, TX 75202-1234	r		Ĺ		
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	,)		
_	Date	Full name of contributor out-of-state	PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/18/2023	Owen, Carolyn	17.00 (.2	/		,	\$10.00
		Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78703-3416					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
-	Date	Full name of contributor		)	_	Amount of Contribution (\$)	
	11/18/2023	Owen, Carolyn	PAC (ID#	)			\$10.00
	11/10/2020	-					Ψ10.00
		Continuation address, Oity, State, Zip Could					
		1					
		Austin, TX 78703-3416					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state	• PAC (ID#:	)		Amount of Contribution (\$)	
	07/18/2023	Owen, Carolyn					\$10.00
		Contributor address; City; State; Zip Code					
		1					
		Austin, TX 78703-3416					
	Principal occi	pation / Job title (See Instructions)		Employer (See Instructions	()		
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The Instr	ruction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/57 Rpt: 47/116	
2 FILER NAM	1E			3	Filer ID (Ethics Commission	ו Filers)
Hinojosa, I	Regina (The Honorable)		ļ		00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
08/18/2023	3 Owen, Carolyn		ļ			\$10.00
	6 Contributor address; City;	State; Zip Code	1	1		
			ļ			
	Austin, TX 78703-3416					
8 Principal oc	ccupation / Job title (See Instruction	ns)	9 Employer (See Instructions)	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/18/2023	3 Owen, Carolyn	—				\$10.00
	Contributor address; City; S			1		
		-	ļ			
			ļ			
	Austin, TX 78703-3416		1			
Principal oc	ccupation / Job title (See Instruction	15)	Employer (See Instructions)	3)		
Date	Full name of contributor	out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
12/18/2023		—				\$10.00
	Contributor address; City; S			1		
			ļ			
			ļ			
	Austin, TX 78703-3416			Ĺ		
Principai oco	ccupation / Job title (See Instruction	ls)	Employer (See Instructions)	3)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
12/01/2023		-				\$250.00
	Contributor address; City; S	State; Zip Code	]	1		
			ļ			
	Austin, TX 78701-1994					
Principal oc	ccupation / Job title (See Instruction	 ns)	Employer (See Instructions)	<u> </u>		
Date	Full name of contributor	out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	<u>.</u>
09/08/2023	3 Partos, Shoshana	—	ļ			\$50.00
	Contributor address; City;	State; Zip Code		1		
I			ļ			
I	Austin, TX 78704-4207					
Principal or	ccupation / Job title (See Instruction		Employer (See Instructions)	$\sum_{n}$		
Plincipai oco		is)		5)		
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/57 Rpt: 48/116	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
	egina (The Honorable)		00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)		
09/09/2023	Perry, Courtney			\$50.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78704-7632			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	) ;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/07/2023	Pinnelli, Janis W			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78763-0038			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/07/2023	Pinnelli, Joseph F			\$500.00
	Contributor address; City; State; Zip Code			
1				
	Austin, TX 78763-0038			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) (;	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/24/2023	Pitts, John			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-2419			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Plowman, Michael			\$10.00
1	Contributor address; City; State; Zip Code			
	HARRISBURG, NC 28075-7410			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
1				

Guide explains how t	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 45/57 Rpt: 49/116	
			3 Filer ID (Ethics Commission	n Filers)
(The Honorable)			00080440	,
Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
- Quintanilla, David	—			\$100.00
	1			
I / Job title (See Instructions)		9 Employer (See Instructions)	)	
ull name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Reynolds, Joseph	_			\$500.00
ontributor address; City; Sta				
I / Job title (See Instructions)			)	
L	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 250.00
				\$250.00
Contributor address; City; State; Zip Code				
Austin, TX 78731-5636				
n / Job title (See Instructions)			)	
		Not Employed		
ull name of contributor				
	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Reynolds, Joseph			Amount of Contribution (\$)	\$250.00
Reynolds, Joseph			Amount of Contribution (\$)	\$250.00
Reynolds, Joseph			Amount of Contribution (\$)	\$250.00
Reynolds, Joseph			Amount of Contribution (\$)	\$250.00
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636				\$250.00
Reynolds, Joseph		Employer (See Instructions)		\$250.00
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 n / Job title (See Instructions)	te; Zip Code		)	\$250.00
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 n / Job title (See Instructions)		Employer (See Instructions)		
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 In / Job title (See Instructions) Full name of contributor	te; Zip Code	Employer (See Instructions)	)	\$250.00 \$100.00
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 n / Job title (See Instructions)	te; Zip Code	Employer (See Instructions)	)	
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 In / Job title (See Instructions) Full name of contributor	te; Zip Code	Employer (See Instructions)	)	
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 In / Job title (See Instructions) Full name of contributor	te; Zip Code	Employer (See Instructions)	)	
Reynolds, Joseph Contributor address; City; Stat Austin, TX 78731-5636 In / Job title (See Instructions) Full name of contributor Reynolds, Joseph Contributor address; City; Stat	te; Zip Code	Employer (See Instructions)	) Amount of Contribution (\$)	
	Quintanilla, David Contributor address; City; Sta Austin, TX 78704 n / Job title (See Instructions) Full name of contributor Reynolds, Joseph Contributor address; City; Sta Austin, TX 78731-5636 n / Job title (See Instructions) Full name of contributor Reynolds, Joseph Contributor address; City; Sta	Quintanilla, David Contributor address; City; State; Zip Code Austin, TX 78704 n / Job title (See Instructions) Full name of contributor	Quintanilla, David   Contributor address; City; State; Zip Code   Austin, TX 78704   n / Job title (See Instructions)   9 Employer (See Instructions)   Geynolds, Joseph   Contributor address; City; State; Zip Code   Austin, TX 78731-5636   n / Job title (See Instructions)   Employer (See Instructions)   Not Employed   Sull name of contributor   out-of-state PAC (ID#:)   Reynolds, Joseph   Contributor address; City; State; Zip Code   Austin, TX 78731-5636   n / Job title (See Instructions)   Employer (See Instructions)   Contributor address; City; State; Zip Code   Austin, TX 78731-5636   n / Job title (See Instructions)   Employer (See Instructions)   Contributor address; City; State; Zip Code   Austin, TX 78731-5636   n / Job title (See Instructions)   Employer (See Instructions)	Quintanilla, David   Contributor address; City; State; Zip Code     Austin, TX 78704   n / Job title (See Instructions)     9 Employer (See Instructions)   iul name of contributor   contributor address; City; State; Zip Code     Amount of Contribution (\$)   Reynolds, Joseph   Contributor address; City; State; Zip Code     Amount of Contribution (\$)   Reynolds, Joseph   Contributor address; City; State; Zip Code     Amount of Contribution (\$)   Reynolds, Joseph   Contributor   out-of-state PAC (ID#:)   Not Employed     Amount of Contribution (\$)   Reynolds, Joseph   Contributor address; City; State; Zip Code     Amount of Contribution (\$)     Amount of Contribution (\$)

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/57 Rpt: 50/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)				00080440	···· ,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/27/2023	Rider, Kathy T					\$150.00
		6 Contributor address; City; St	tate; Zip Code		1		
		Austin, TX 78703-2753					
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/06/2023	Rider, Kathy T			]		\$150.00
		Contributor address; City; St					
		Austin, TX 78703-2753					
	Principal occu	pation / Job title (See Instructions	 s)	Employer (See Instructions	<u> </u> ふ)		
		•	·				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/05/2023	Rips, Geoff	—				\$100.00
		Contributor address; City; St					
		Austin, TX 78728-5727					
┝	Princinal occu	upation / Job title (See Instructions	<u></u>	Employer (See Instructions			
	r moipai ooca	pation / oob the loce mendelene	<i>''</i>		"		
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/31/2023	Rodriguez, Marc A.	—				\$1,000.00
		Contributor address; City; St	tate; Zip Code	, 			
		Austin, TX 78701-2132					
┝	Principal occu	upation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Lobbyist		,	Offices of Marc A. Rodri		ez	
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/07/2023	Rutishauser, Robert					\$100.00
		Contributor address; City; St	tate; Zip Code		1		
	Dringingloog	Austin, TX 78731	- \				
	Principal occu	upation / Job title (See Instructions	<i>i)</i>	Employer (See Instructions	3)		
┝							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/57 Rpt: 51/116	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
Hinojosa, Re	egina (The Honorable)		00080440	.
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/18/2023	Rutishauser, Robert G.			\$100.00
I	6 Contributor address; City; State; Zip Code			
	Austin, TX 78731-6060			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Rutishauser, Robert G.			\$250.00
1	Contributor address; City; State; Zip Code			
- · · ·	Austin, TX 78731-6060			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 50.00
09/04/2023	Salmanson, Kara			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-3704			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
-			, ,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/20/2023	Satt, Alison			\$50.00
	Contributor address; City; State; Zip Code			
1				
 	Austin, TX 78737-4762			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ቀር ባቢ በቢ
09/12/2023	Schoenbaum, Alan			\$500.00
1	Contributor address; City; State; Zip Code			
	Austin, TX 78703-5439			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	L;)	
-			,	
		<u> </u>		
1				

	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/57 Rpt: 52/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Hinojosa, Regina (The Honorable)				00080440		
4	Date	5 Full name of contributor	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/08/2023 Schumann, Gary Neal					\$250.00	
		6 Contributor address; City; State; Z	Zip Code				
		Austin, TX 78703-4127					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/08/2023	Sepulveda, Eugene					\$375.00
		Contributor address; City; State; Z					
		Austin, TX 78705-2816					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/05/2023	Sethi, Pooja	ut-ot-state FAC (ID#	)			\$250.00
	12/03/2023	Contributor address; City; State; Z					Ψ200.00
		Contributor address, City, State, Z	ip coue				
		Austin, TX 78730-3457					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/01/2023	Sethi, Pooja					\$125.00
		Contributor address; City; State; Z					
		Austin, TX 78730-3457					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/07/2023	Silha, Edward	ut-ot-state FAC (ID#	)			\$49.00
	01/01/2020		'in Code				Q-10.00
		Contributor address, City, State, Z	ip coue				
		Austin, TX 78749					
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	;)		

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	The Instru	ction Guide explains how to con	nplete this for	rm.	1	Total pages Schedule A1: Sch: 49/57 Rpt: 53/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		egina (The Honorable)			-	00080440	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-or	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/06/2023	Silver, Paul (Mr.)					\$10.00
		6 Contributor address; City; State; Zip C	Code				
		1					
		Austin, TX 78703-2910					
8	Principal occu	ipation / Job title (See Instructions)	9	<ul> <li>Employer (See Instructions)</li> </ul>	)		
	Date	Full name of contributor out-o	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/07/2023	Smiley, Martha E. (Ms.)					\$150.00
		Contributor address; City; State; Zip C					
		1					
		1					
		Austin, TX 78704-5118					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
					_		
	Date		of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/04/2023						\$40.00
		Contributor address; City; State; Zip C	Code				
		1					
		Austin, TX 78704-0004					
	Principal occl	pation / Job title (See Instructions)		Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
					,		
	Date	Full name of contributor x out-o	of-state PAC (ID#:	C00341602 )		Amount of Contribution (\$)	
	11/08/2023	Southwest Airlines Co. Freedom F					\$1,000.00
		Contributor address; City; State; Zip C					
		1					
		1					
		Dallas, TX 75235-1611					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	,)		
	Date	Full name of contributor out-o	of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/01/2023	Stewart, Tom					\$500.00
		Contributor address; City; State; Zip C					
		1					
		Austin, TX 78749-3030					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)	;)		
			L				

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/57 Rpt: 54/116	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)				00080440	.
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/17/2023	Stine, Mark					\$200.00
		6 Contributor address; City; S	State; Zip Code				
		-	· ·				
		Austin, TX 78703-4816					
8	Principal occu	upation / Job title (See Instructions	5)	9 Employer (See Instructions	;)		
_	D-12			<u> </u>	_	tt -f Contribution (ft)	
	Date 12/05/2023	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ቀ</u> 1 000 00
	12/03/2023	Stover, Mark	Stata: Zin Cada				\$1,000.00
		Contributor address; City; S	tate; Zip Code				
		Austin, TX 78704-2632					
	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Director	•	,	Apex Clean Energy			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/07/2023	TEXPAC				,	\$2,000.00
		Contributor address; City; S	State: Zip Code				
			······, . · · · · · · · · · · · · · · ·				
		Austin, TX 78701-1624					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/15/2023	Tabor, Catherine					\$25.00
		Contributor address; City; S					
		Austin TV 70702 2214					
-	Dringing occu	Austin, TX 78703-3314		Employer (See Instructions	$\sum_{i=1}^{n}$		
	Principal occu	upation / Job title (See Instructions	5)	Employer (See Instructions	9 D		
=	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	08/15/2023	Tabor, Catherine				, where or equilibrium (,	\$25.00
		Contributor address; City; S	State: Zip Code				
			uite, <u></u> p				
		Austin, TX 78703-3314					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	;)		
			,				
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	1 Total pages Schodule A1
The Instruction Guide explains how to com	plete this form.       1 Total pages Schedule A1:         Sch: 51/57 Rpt: 55/116
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Hinojosa, Regina (The Honorable)	00080440
4 Date 5 Full name of contributor out-of-s	state PAC (ID#:) 7 Amount of Contribution (\$)
12/06/2023 Tabor, Catherine	\$50.00
6 Contributor address; City; State; Zip Co	de
Austin, TX 78703-3314	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor out-of-s	state PAC (ID#:) Amount of Contribution (\$)
08/02/2023 Takata, Alison	\$20.00
Contributor address; City; State; Zip Co	de
Austin, TX 78756-3418	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	tate PAC (ID#:) Amount of Contribution (\$)
09/06/2023 Tally, Mary Herr	\$100.00
Contributor address; City; State; Zip Co	
Austin TV 70722 1027	
Austin, TX 78732-1037	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-s	state PAC (ID#: ) Amount of Contribution (\$)
10/30/2023 Taniguchi, Evan	tate PAC (ID#:) Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Co	
Austin, TX 78705-3510	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-s	state PAC (ID#:) Amount of Contribution (\$)
09/06/2023 Team, Linda	\$100.00
Contributor address; City; State; Zip Co	
Austin, TX 78705-3112	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 52/57 Rpt: 56/116	
2 FILER NAME			3 F	Filer ID (Ethics Commissio	on Filers)
	egina (The Honorable)			00080440	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 /	Amount of Contribution (\$)	
12/08/2023	Texas Academy of Physician Assistants PAC				\$500.00
ļ	6 Contributor address; City; State; Zip Code				
2 Drivelad	Lago Vista, TX 78645-0009		Ĺ		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
11/09/2023	Texas Association for Home Care and Hospice				\$500.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78759-6585				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
11/09/2023	Texas Automobile Dealers Association PAC				\$2,000.00
1	Contributor address; City; State; Zip Code				
1					
	Austin, TX 78701-2181				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Date	Full name of contributor out-of-state PAC (ID#:	)	<u> </u>	Amount of Contribution (\$)	
11/10/2023	Texas Land Title Association PAC				\$2,500.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78703-4775				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
i morpor e e e e			<i>.</i> ,		
Date	Full name of contributor out-of-state PAC (ID#:_	)	<u> </u>	Amount of Contribution (\$)	
09/20/2023	Texas Nurse Practitioners PAC				\$500.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78735-6713				
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ر)</u>		
г Шора осса			5)		

exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)	C (ID#:)	Amount of Contribution (\$)	ion Filers) \$5,000.00 \$2,500.00
ull name of contributor	9       Employer (See Instructions)         C (ID#:)	7 Amount of Contribution (\$) ) Amount of Contribution (\$)	
exas State Association of Electrical Work ontributor address; City; State; Zip Code /aco, TX 76705-3303 / Job title (See Instructions) ull name of contributor out-of-state PAC exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)	9       Employer (See Instructions)         C (ID#:)	) Amount of Contribution (\$)	
ontributor address; City; State; Zip Code /aco, TX 76705-3303 / Job title (See Instructions) ull name of contributor	9 Employer (See Instructions) C (ID#:)	Amount of Contribution (\$)	
/aco, TX 76705-3303 / Job title (See Instructions) ull name of contributor out-of-state PAG exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)	C (ID#:)	Amount of Contribution (\$)	\$2,500.00
/ Job title (See Instructions) ull name of contributor out-of-state PAG exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)	C (ID#:)	Amount of Contribution (\$)	\$2,500.00
ull name of contributor out-of-state PAC exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)	C (ID#:)	Amount of Contribution (\$)	\$2,500.00
exas Trial Lawyers Association PAC ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)			\$2,500.00
ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)			\$2,500.00
ontributor address; City; State; Zip Code ustin, TX 78701-1814 / Job title (See Instructions)		1	
/ Job title (See Instructions)	Employer (See Instructions)	1	
	Employer (See Instructions)	)	
	C (ID#:)	Amount of Contribution (\$)	
exas Working Families PAC			\$1,500.00
ontributor address; City; State; Zip Code			
letairie, LA 70003-5232			
/ Job title (See Instructions)	Employer (See Instructions)	1	
ull name of contributor 🔲 out-of-state PAG	C (ID#:)	Amount of Contribution (\$)	
yra, Lauren			\$100.00
ontributor address; City; State; Zip Code			
lano, TX 75093			
/ Job title (See Instructions)	Employer (See Instructions)	1	
ull name of contributor 🔲 out-of-state PAG	I C (ID#:)	Amount of Contribution (\$)	
A Plumbers & Pipefitters Local 286 PAC	Fund		\$10,000.00
ontributor address; City; State; Zip Code			
ustin, TX 78702-4106			
/ Job title (See Instructions)	Employer (See Instructions)	)	
	etairie, LA 70003-5232 / Job title (See Instructions) Ill name of contributor out-of-state PAA /ra, Lauren ontributor address; City; State; Zip Code ano, TX 75093 / Job title (See Instructions) Ill name of contributor out-of-state PAA A Plumbers & Pipefitters Local 286 PAC ontributor address; City; State; Zip Code ustin, TX 78702-4106	bittributor address; City; State; Zip Code     etairie, LA 70003-5232        / Job title (See Instructions)     Ill name of contributor     out-of-state PAC (ID#:)        /ra, Lauren   ontributor address; City; State; Zip Code     ano, TX 75093   / Job title (See Instructions)   Ill name of contributor   out-of-state PAC (ID#:)   A Plumbers & Pipefitters Local 286 PAC Fund   ontributor address; City; State; Zip Code   ustin, TX 78702-4106	contributor address; City; State; Zip Code         etairie, LA 70003-5232         / Job title (See Instructions)         Employer (See Instructions)         ull name of contributor         out-of-state PAC (ID#:)         /ra, Lauren         ontributor address; City; State; Zip Code         ano, TX 75093         / Job title (See Instructions)         Employer (See Instructions)         Ill name of contributor

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	The Instru	ction Guide explains how to complete this for	vrm.	1	Total pages Schedule A1: Sch: 54/57 Rpt: 58/116	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date	5 Full name of contributor X out-of-state PAC (ID#: CC	00010470)	7	Amount of Contribution (\$)	
	12/13/2023	Union Pacific Fund for Effective Government				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Washington, DC 20005-6621				
8	Principal occu	upation / Job title (See Instructions) 9	9 Employer (See Instructions)	)		
	Date	Full name of contributor X out-of-state PAC (ID#: CC	00226548 )		Amount of Contribution (\$)	
	12/08/2023	Vistra Employee PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75039-2479				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
_		<u>_</u>		_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/06/2023	Vogel, Vickie JANE				\$125.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704-4976				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	•	, , , , , , , , , , , , , , , , , , ,		,		
	Date	Full name of contributor out-of-state PAC (ID#:	)	_	Amount of Contribution (\$)	
	10/11/2023	Vote PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731-3064				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2023	Wagner, Christian			• -	\$500.00
		Contributor address; City; State; Zip Code				
L		Austin, TX 78749-1240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

The Instru			form	1	Total pages Schedule A1:	
	iction Guide explains how		orm.		Sch: 55/57 Rpt: 59/116	
2 FILER NAME				3	Filer ID (Ethics Commission	i Filers)
	egina (The Honorable)			$\bot$	00080440	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	#200.00
09/07/2023						\$200.00
	6 Contributor address; City; St	tate; Zip Code				
	Austin, TX 78731-5929					
8 Principal occu	upation / Job title (See Instructions	5)	9 Employer (See Instructions	3)		
				_		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
07/07/2023	Watts, Carol					\$10.00
	Contributor address; City; St					
	Austin, TX 78704					
Principal occı	upation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
09/07/2023	Wear, Kristin A					\$100.00
	Contributor address; City; St	state; Zip Code		1		
	Austin, TX 78759-8017					
Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u>ا</u> د)		
· · · · · r		.)		-,		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
12/08/2023	Webber, Jake					\$60.00
	Contributor address; City; St	tate; Zip Code		1		
	San Marcos, TX 78666-26	651				
Principal occu	upation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
		.)		-,		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
10/14/2023	Welch, Lesley					\$10.00
	Contributor address; City; St	tate; Zip Code		1		
		100				
Dringing loog	Cedar Park, TX 78613-51		Employer (Soo Instructions			
Principal occu	upation / Job title (See Instructions	<i>š</i> )	Employer (See Instructions	3)		

The Instru	ction Guide explains how to c	vrm.	1	Total pages Schedule A1: Sch: 56/57 Rpt: 60/116		
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	egina (The Honorable)				00080440	
4 Date	5 Full name of contributor 🗌 o	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/18/2023	Windberg, Thomas J (Mr.)					\$100.00
	6 Contributor address; City; State; Z	Zip Code				
	Austin, TX 78745-1633					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Data	Full name of contributor		、 、	1	Amount of Contribution (ft)	
Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢2 500 00
12/05/2023	Winkelman, Marc T.					\$2,500.00
	Contributor address; City; State; Z	Zip Code				
	Austin, TX 78744-1414					
Principal occu	Left pation / Job title (See Instructions)		Employer (See Instructions	;)		
Executive			Calendar Services Inc.			
Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/06/2023	Winkelman, Marc T. (Mr.)	·	······································			\$250.00
		Zip Code				
	Austin, TX 78744-1414					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Executive			Calendar Services Inc.			
Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/07/2023	Xie, Selena					\$500.00
	Contributor address; City; State; Z					
	Austin, TX 78721-1522					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 :)		
i incipal occu				<i>י</i> י		
Date	Full name of contributor 🛛 o	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/15/2023	Yeager, Laura					\$1,000.00
	Contributor address; City; State; Z	Zip Code				
	Austin, TX 78705-2320					
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
consultant			self			

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 57/57 Rpt: 61/116		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Re	egina (The Honorable)			00080440	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/04/2023	Zeller, Charles			\$1,000.00	
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78733-3243				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/13/2023	Zoeller, Madeleine				\$50.00
		Contributor address; City; State; Zip Code		1		
		Los Angeles, CA 90024-6269				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	·	· · · · · · · · · · · · · · · · · · ·		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/08/2023	Zoeller, Madeleine	)		Amount of Contribution (\$)	\$25.00
	12/00/2023					Ψ23.00
		Contributor address; City; State; Zip Code				
		Los Angeles, CA 90024-6269				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	i incipal occu			5)		
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 62/116							
-	egina (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080440							
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$							
5 Date 12/08/2023	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Arnold, Ellen</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78703-3338</li> </ul>	8 Amount of contribution (\$) 9 In-kind contribution     s687.61   Venue rental for event     I     Check if travel outside of Texas. Complete Schedule T.							
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON							
government	affairs	self							
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$780.88 I beverages for event						
	Austin, TX 78701-2656		Check if travel outside of Texas. Complete Schedule T.						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Delgadillo, Danielle Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$687.61 Venue fee for event						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.						
government		Employer (FOR NON self							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (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)									

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 63/116								
2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
-	egina (The Honorable)		00080440							
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$								
5 Date 12/08/2023	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Ellmer, Mindy R. (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78701-4730</li> </ul>	<ul> <li>8 Amount of 9 In-kind contribution contribution (\$) description</li> <li>\$2,113.28   Venue rental for event</li> <li>I</li> <li>Check if travel outside of Taxas. Complete Schedule I</li> </ul>								
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)							
	affairs consultant	self								
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)							
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)							
16 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Jabour, David Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$407.90 I beverages for event							
	Austin, TX 78731-3654		Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)							
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Jackson Walker LLP, PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$687.61 I Venue rental for event							
	Dallas, TX 75201-2725		Check if travel outside of Texas. Complete Schedule T.							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)							
Contributor's	(FOR JUDICIAL) (See instructions)									
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)									
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/3 Rpt: 64/116				
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
Hinojosa, R	egina (The Honorable)		00080440				
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 12/08/2023	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$687.61					
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$585.89 I beverages for event				
	Austin, TX 78701-2434		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	•				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	n of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

		F	EXPENDITURE CA	TEGORIES FO	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Even Fees Food Gift/A nmittee Lega	nt Expense	Loan Rep Office Ove Polling Ex se Printing E Salaries/V	oaymer verhead xpense Expens Wages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:						2	Filer ID	(Ethics Commission Filers)	
1	Sch: 1/49 Rpt: 65/116		na (The Honorabl	e)			3	00080440		
4	Date 12/18/2023	5 Payee name Acosta, Gladys								
6	\$1,000.00 3000 Guadalupe St Apt 204									
8	PURPOSE OF		utegories listed at the top o	of this schedule)	(b)	Description	outsid	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	ight			Office he	ld	
	Date	Payee name								
	07/27/2023	Acosta, Gladys								
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$200.00	3000 Guadalup	e St							
	Apt 204									
		Austin, TX 7870	05-2834							
	PURPOSE		tegories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		s/Contract Labor					de of Texas. Comp		
						Salary supple		officeholder living	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				Office held				
	Date	Payee name								
	12/29/2023	Acosta, Gladys								
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$200.00	3000 Guadalup	e St							
		Apt 204								
		Austin, TX 7870	)5-2834							
	PURPOSE	Category (See Ca	ategories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages	s/Contract Labor				, тх,	de of Texas. Comp officeholder living ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office sou	Jght			Office he	ld	

			EXPENDITURE CATE	EGORIES FO	R B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           -         Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 2/49 Rpt: 66/116		Hinojosa, Regina (The Honorable) 00080440								
4	Date	5	Payee name								
	11/30/2023		Acosta, Gladys								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$200.00		3000 Guadalupe St	·							
			Apt 204								
			Austin, TX 78705-2834								
8	PURPOSE				(h)	Description					
	OF		Category (See Categories listed at the top of the Salaries/Wages/Contract Labor	nis schedule)	(3)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Calance, Wages, Contract Lason			Check if Austin	, TX,	officeholder living expense			
						Salary supple	eme	ent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	10/31/2023		Acosta, Gladys								
	Amount (\$)		Payee address; City; S	State; Zip C	ode						
	\$200.00		3000 Guadalupe St								
	Apt 204										
			Austin, TX 78705-2834								
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor				outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Salary supple	eme	ent			
				0.0							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ugnt			Office held			
	Date		Payee name								
	09/29/2023		Acosta, Gladys								
	Amount (\$)		Payee address; City; S	State; Zip C	ode						
	\$200.00		3000 Guadalupe St								
			Apt 204								
			Austin, TX 78705-2834								
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)	(b)	Description					
			Salaries/Wages/Contract Labor				outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Ū.					officeholder living expense			
						Salary supple	eme	ent			
	_				<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Trai           Food/Beverage Expense         Polling Expense         Trai           Gift/Awards/Memorials Expense         Printing Expense         Trai				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 3/49 Rpt: 67/116		Hinojosa, Regina (The Honorable)					00080440	
4	Date	5	Payee name						
	08/31/2023		Acosta, Gladys						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$200.00		3000 Guadalupe St	•					
			Apt 204						
			Austin, TX 78705-2834						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	h = sh (l = )	(b)	Description			
Ū	OF	,	Salaries/Wages/Contract Labor	nedule)	(~)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE							officeholder living expense	
						Salary supple	eme	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held	
	Date		Payee name						
	07/02/2023 ActBlue								
	Amount (\$) Payee address; City; State; Zip Code								
	\$4.94	\$4.94 PO Box 441146							
			West Somerville, MA 02144-0031						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online contribution processing fees					officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held		
	Date		Payee name						
	07/09/2023		ActBlue						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$23.61		PO Box 441146						
			West Somerville, MA 02144-0031		<u></u>				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Fees	hedule)		Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense On processing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held	

			EXPENDITURE CATEGORIES FOR	во	)X 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate//Officeholder/Politic Credit Card Payment			Fees Office Over Food/Beverage Expense Polling Exp Gitt/Awards/Memorials Expense Printing Ex	rhead ense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 4/49 Rpt: 68/116		Hinojosa, Regina (The Honorable)				00080440	
4	Date 07/16/2023		Payee name ActBlue					
6	Amount (\$) \$8.89		Payee address; City; State; Zip Cod PO Box 441146 West Somerville, MA 02144-0031	de				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense Online contribution processing fees       Online contribution processing fees						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held	
	Date		Payee name					
	07/23/2023		ActBlue					
	Amount (\$)Payee address;City;State;Zip Code\$13.04PO Box 441146							
	DUDDOCE		West Somerville, MA 02144-0031	(1-)				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees		Check if Austin,	, TX,	le of Texas. Complete Schedule T. officeholder living expense On processing fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held	
	Date		Payee name					
	07/30/2023		ActBlue					
	Amount (\$) \$1.39		Payee address; City; State; Zip Coo PO Box 441146	de				
			West Somerville, MA 02144-0031					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense ON processing fees	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			-	ment/Reimbursement nead/Rental Expense ense iges/Contract Labor aplete this form.		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2				-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/49 Rpt: 69/116	I	2     FILER NAME     3     Filer ID     (Emics commission)       Hinojosa, Regina (The Honorable)     00080440						
4	Date 08/06/2023		Payee name ActBlue						
6	Amount (\$)	7	Payee address; (	City; State	; Zip Coo	P			
Ū	\$9.07		PO Box 441146 West Somerville, M		, <u>Lip</u> ooc				
8	PURPOSE	(a) (	Category (See Categori	ies listed at the top of this scl	hodulo)	b) Description			
	OF EXPENDITURE	I	-ees		incudic)	Check if travel	n, TX, d	le of Texas. Compl officeholder living e ON Processin	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office soug	ht		Office hel	d
	Date		Payee name						
	08/13/2023	I	ActBlue						
	Amount (\$)		Payee address; (	City; State	; Zip Coo	P			
	\$0.60	I	PO Box 441146	Sity, Sitate	<i>,</i> 20 000				
			Nest Somerville, N						
	PURPOSE OF EXPENDITURE		Category (See Categor	ies listed at the top of this scl	hedule)		n, TX, d	le of Texas. Compl officeholder living e DN processin	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	rname	Office soug	ht		Office hel	d
	Date		Payee name						
	08/20/2023		ActBlue						
	Amount (\$) \$5.34		Payee address; 0 PO Box 441146	City; State	e; Zip Coc	e			
		,	West Somerville, M	IA 02144-0031					
	PURPOSE OF EXPENDITURE		Category <sub>(See Categor</sub> Fees	ies listed at the top of this scl	hedule)		n, TX, d	le of Texas. Compl officeholder living e DN processin	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office soug	ht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			-	erhead pense xpense Vages/			Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	-II FR NAME					3	Filer ID	(Ethics Commission Filers)	)
1	Sch: 6/49 Rpt: 70/116		Hinojosa, Regina (The Honorable)     00080440							(	,
4	Date 09/03/2023		<sup>D</sup> ayee name ActBlue								
6	Amount (\$) \$116.95		Payee address; PO Box 441146 West Somerville, N		ate; Zip Co	ode					
8	FORPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ight			Office he	eld	
	Date		<sup>D</sup> ayee name								
	09/10/2023	/	ActBlue								
	Amount (\$) \$279.52		Payee address; PO Box 441146 West Somerville, N		ate; Zip Co	ode					
	PURPOSE OF EXPENDITURE		Category <sub>(See Categor</sub> Fees	ies listed at the top of this	schedule)			, TX, (	le of Texas. Comp officeholder living ON Processir	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld			
	Date		Payee name								
	09/17/2023		ActBlue								
	Amount (\$) \$99.38		Payee address; PO Box 441146	City; Sta	ate; Zip Co	ode					
			West Somerville, N	IA 02144-0031							
	PURPOSE OF EXPENDITURE		Category <sub>(See Categor</sub> Fees	ies listed at the top of this	schedule)			, TX, (	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office soug				ht Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Legal Service	e Expense emorials Expense	Office Overh Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Transportation Travel in Distri Travel Out of E		
1	Total pages Schedule F1:	<b>2</b> F					3 Filer ID	(Ethics Commission Filers)	
	Sch: 7/49 Rpt: 71/116		inojosa, Regina (Th						
4	Date 09/24/2023		ayee name ctBlue						
6	Amount (\$) \$169.28	Р	ayee address; City O Box 441146 /est Somerville, MA		Zip Code	2			
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Online contribution processing fees							ng expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	office sough	t	Office I	held	
	Date	P	ayee name						
	09/30/2023	A	ctBlue						
	Amount (\$) \$2.38	Р	ayee address; City O Box 441146		Zip Code	;			
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	/est Somerville, MA ategory (See Categories) ees	ISTED AT THE TOP OF THIS SCH	edule) (k	Check if Austin	outside of Texas. Co I, TX, officeholder livi bution process	ng expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	office sough	t	Office I	neld	
	Date	Р	ayee name						
	10/01/2023	A	ctBlue						
	Amount (\$) \$9.49		ayee address; City O Box 441146	r; State;	Zip Code	•			
		v	/est Somerville, MA	02144-0031					
	PURPOSE OF EXPENDITURE		ategory (See Categories) ees	isted at the top of this sche	edule) (k	Check if Austin	outside of Texas. Co I, TX, officeholder livi bution process	ng expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder na	ame C	office sough	t	Office I	held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 8/49 Rpt: 72/116		00080440								
4	Date 10/08/2023		Payee name ActBlue								
6	Amount (\$) \$7.90		Payee address; City; State; Zip Cor PO Box 441146 West Somerville, MA 02144-0031	de							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Online contribution processing fees							officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held				
	Date		Payee name								
	10/15/2023		ActBlue								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$21.86     PO Box 441146										
	DUDDOGE		West Somerville, MA 02144-0031	(1-)	Description						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Fees	le of Texas. Complete Schedule T. officeholder living expense On processing fees							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date		Payee name								
	10/22/2023		ActBlue								
	Amount (\$) \$20.15		Payee address; City; State; Zip Co PO Box 441146	de							
			West Somerville, MA 02144-0031								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Check if Austin,	TX,	le of Texas. Complete Schedule T. officeholder living expense ON processing fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Poling Ex Gift/Awards/Memorials Expense Printing Ex Legal Services Salaries/W The Instruction Guide explains how to con	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/49 Rpt: 73/116		Hinojosa, Regina (The Honorable) 00080440							
4	Date 10/29/2023		Payee name ActBlue							
6	Amount (\$) \$38.27		7 Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online contribution processing fees						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held			
	Date		Payee name							
	11/05/2023		ActBlue							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$22.13     PO Box 441146									
	DUDDOSE		West Somerville, MA 02144-0031	(h)						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Fees		Check if Austin,	TX,	le of Texas. Complete Schedule T. officeholder living expense On processing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held			
	Date		Payee name							
	11/12/2023		ActBlue							
	Amount (\$) \$40.41		Payee address; City; State; Zip Co PO Box 441146	de						
			West Somerville, MA 02144-0031							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense ON processing fees			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 10/49 Rpt:		Hinojosa, Regina (The Honorable)00080440							
4	Date	5	Payee name							
	11/19/2023		ActBlue							
6	Amount (\$) \$94.62		Payee address;       City;       State;       Zip Code         PO Box 441146							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online contribution processing fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held			
	Date		Payee name							
	11/26/2023		ActBlue							
	Amount (\$) Payee address; City; State; Zip Code \$19.75 PO Box 441146									
	PURPOSE OF EXPENDITURE	(a)	West Somerville, MA 02144-0031 Category (See Categories listed at the top of this scho Fees	edule)	Check if Austir	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ion processing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held			
⊨	Date		Payee name							
	12/03/2023		ActBlue							
	Amount (\$) \$363.27		Payee address; City; State; PO Box 441146	; Zip Co	le					
			West Somerville, MA 02144-0031							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)	Check if Austir	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ion processing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete th	ttal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 11/49 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date	Payee name								
	12/10/2023	ActBlue								
6	Amount (\$) \$418.40	Payee address; City; State; Zip Code PO Box 441146								
	¢ .201.10	West Somerville, MA 02144-0031								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Des	scription							
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.							
			Check if Austin, TX, officeholder living expense							
			line contribution processing fees							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/17/2023	ActBlue								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$57.68 PO Box 441146									
	West Somerville, MA 02144-0031									
	PURPOSE OF EXPENDITURE	Fees	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense line contribution processing fees							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/24/2023	ActBlue								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$0.40	PO Box 441146								
		West Somerville, MA 02144-0031								
	PURPOSE OF EXPENDITURE	Fees	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense line contribution processing fees							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense     1       Food/Beverage Expense     Polling Expense     1       Gift/Awards/Memorials Expense     Printing Expense     1					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 12/49 Rpt:		Hinojosa, Regina (The Honorable) 00080440								
4	Date	5	Payee name								
	12/31/2023		ActBlue								
6	Amount (\$) \$6.33		Payee address; City; State; Zip Code PO Box 441146 West Somerville, MA 02144-0031								
8	PURPOSE	(a)		odulo)	(b) Description						
	OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Online contribution processing fees</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ıht		Office held				
	Date		Payee name								
	12/12/2023		Anderson, Alice								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$275.00		200 C/O Congress Ave Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense /ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	11/29/2023		Annie's List PAC								
	Amount (\$) \$1,000.00		Payee address; City; State; PO Box 699	Zip Co	le						
			Austin, TX 78767-0699								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	,			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ayment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 13/49 Rpt:	Hinojosa, Regina (The Honorable)00080440								
4	Date 12/11/2023	Payee name								
_		Aranda, Margarito								
6	Amount (\$) \$4,773.90	Payee address; City; State; Zip Code 1816 S Lamar Blvd								
		Austin, TX 78	704-3328							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Catering for event</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office sou	ght	Office held				
	Date	Payee name								
	11/10/2023	Austin Chroni	cle							
	Amount (\$) \$825.00	Payee address; City; State; Zip Code 4000 N Interstate 35								
		Austin, TX 78	751-4801							
	PURPOSE OF EXPENDITURE	Category (See ( Advertising E)	Categories listed at the top o <b>KPENSE</b>	f this schedule)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense Sement				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office sou	ght	Office held				
	Date	Payee name								
	09/11/2023	Austin Film So	ociety							
	Amount (\$) \$533.00	Payee address; 6259 MIDDLE	City; FISKVILLE Rd	State; Zip Co	de					
		Austin, TX 78	752							
	PURPOSE OF EXPENDITURE	Category (See ( Event Expens	Categories listed at the top o	f this schedule)	Check if Austin	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense <b>NSES for event</b>				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office sou	ght	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office           Food/Beverage Expense         Pollin           Gift/Awards/Memorials Expense         Printi           ittee         Legal Services         Salar	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense							
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 14/49 Rpt:	Hinojosa, Regina (The Honorable)00080440								
4	Date 09/01/2023	Payee name Austin Film Society								
6		-	Cada							
6	Amount (\$) \$533.00	Payee address; City; State; Zip Code 6259 MIDDLE FISKVILLE Rd Austin, TX 78752								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Venue expenses for event								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held						
	Date	ayee name								
	09/28/2023	ustin Film Society								
	Amount (\$) \$269.20	ayee address; City; State; Zip 259 MIDDLE FISKVILLE Rd ustin, TX 78752	Code							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) vent Expense	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>NSES for event</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held						
	Date	ayee name								
	11/02/2023	ustin Rec Center								
	Amount (\$) \$357.50	ayee address; City; State; Zip 301 Shoal Creek Blvd	Code							
		ustin, TX 78701-1713								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) vent Expense	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense for Roe-vember						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name Office	sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 15/49 Rpt:	Hinojosa, Regina (The Honorable)     00080440								
4	Date 12/14/2023	Payee name Autograph Mayflower								
6	Amount (\$) \$225.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>1127 Connecticut Ave NW</li> <li>Washington, DC 20036-4301</li> </ul>								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>X Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Hotel during trip to attend DLCC Emerging Lead</li> <li>Forum on behalf of Texas HDCC</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/18/2023	Autograph Mayflower								
	Amount (\$) \$5.40	Payee address;       City;       State;       Zip Code         1127 Connecticut Ave NW         Washington, DC 20036-4301								
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/01/2023	Capital Area Progressive Democrats								
	Amount (\$) \$275.00	Payee address;City;State;Zip CodePO Box 413								
		Austin, TX 78767-0413								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 16/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440			
4	Date	5	Payee name							
	12/06/2023		Casey Chapman Ross Photography							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$1,136.63		9501 Argyle Dr							
			Austin, TX 78749-5210							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Event Expense	,	-	outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Photography					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	yht		Office held			
	Date		Payee name							
	11/01/2023		Central Market							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$278.20		4001 N Lamar Blvd							
			Austin, TX 78756-3733							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					office supplie	s				
			Candidate/Officeholder name O				Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			office sou	JUL		Office field			
_		_								
	Date		Payee name							
	12/11/2023		Cupprimo							
	Amount (\$)			Zip Co	de					
	\$389.70		8650 Spicewood Springs Rd							
			Ste 105							
			Austin, TX 78759-4323							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					food for even	ιι				
		L	andidate/Officeholder some	office cert	t		Office hold			
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held							Office held			
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services <b>The Instruction G</b>	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	e
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID (Ethics Commission Fil	ers)
	Sch: 17/49 Rpt:	Hinoj	osa, Regina (The Hor	norable)			00080440	
4	Date	Payee	name				•	
	09/12/2023	Delta	Air					
6	Amount (\$)	Payee	address; City;	State	; Zip Co	le		
	\$621.80	1030	Delta Blvd					
		Dept	982					
		Atlan	a, GA 30354-1989					
8	PURPOSE		Ory (See Categories listed at			(b) Description		
	OF		Out of District	the top of this sch	iedule)		outside of Texas. Complete Schedule T.	
	EXPENDITURE	inave				Check if Austin	n, TX, officeholder living expense	
							C Fall Policy Conference on behalf	of
						Texas HDCC		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida	ate/Officeholder name	C	Office sou	lht	Office held	
	Date	Payee	name					
	12/19/2023	Donn	a Howard Campaign					
	Amount (\$)	Payee	address; City;	State	; Zip Co	le		
	\$230.00	PO B	ox 5375					
		Austi	ו, TX 78763					
	PURPOSE OF	<b>a)</b> Categ	ory (See Categories listed at	the top of this sch	nedule)	(b) Description		
	EXPENDITURE		ibutions/Donations M idate/Officeholder/Po		nittoo		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Canu	iuale/Onicenoiue//PO		nitee		to Central Texas Food Bank	
	Complete ONLY if direct	Candida	ate/Officeholder name	(	) Office sou	Jht	Office held	
	expenditure to benefit C/OI							
	Date	Payee	name					
	08/29/2023		y, Dylan					
	Amount (\$)	Payee	address; City;	State	; Zip Co	le		
	\$5,000.00	1667	Dutch Hill Rd					
		Tully,	NY 13159-3042					
	PURPOSE OF		ory (See Categories listed at		nedule)	(b) Description		
	EXPENDITURE		ibutions/Donations M		ittee		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		Canu	idate/Officeholder/Po	illical Comm	nitee	Texas HDCC		
							- callery	
-	Complete ONLY if direct	Candid	ate/Officeholder name	(	Office sou	iht	Office held	
	expenditure to benefit C/OI	Canulu		(	51100 3000	jin	Onice field	
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID (Ethics Commission Filers)		
	Sch: 18/49 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date 12/19/2023	5 Payee name Fonda San Miguel								
6	Amount (\$) \$509.73	7 Payee address; City; State; Zip Code 2330 W North Loop Blvd Austin, TX 78756-2360								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Staff holiday dinner</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Of	ffice soug	ht		Office held		
	Date	Payee na	me							
	08/18/2023	Fresa's (	Chicken al Carbon							
	Amount (\$) \$55.88		dress; City; amar Blvd X 78703-4946	State;	Zip Coo	e				
	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this schec	dule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Of	ffice soug	ht		Office held		
	Date	Payee na	me							
	11/09/2023	Fresa's (	Chicken al Carbon							
	Amount (\$) \$56.18	Payee ad 915 N La	dress; City; amar Blvd	State;	Zip Coo	e				
		Austin, T	X 78703-4946							
	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this schec	dule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Of	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
		Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			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)		
1	Total pages Schedule F1:	2	FILER NAME					Filer ID (Ethics Commission Filers)		
	Sch: 19/49 Rpt:		Hinojosa, Regina (The Hono	rable)				00080440		
4	Date	5	Payee name							
	11/17/2023		Fresa's Chicken al Carbon							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$99.20		915 N Lamar Blvd		•					
			Austin, TX 78703-4946							
8	PURPOSE	(a)				(b) Description				
ľ	OF	(,	Category (See Categories listed at the Food/Beverage Expense	e top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		r ood/Bovorago Expense			Check if Austir	n, TX,	, officeholder living expense		
						Food for staf	f wo	ork session		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	09/05/2023		GNI Consulting							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$3,000.00 PO Box 685008									
			Austin, TX 78768-5008							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description				
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Digital consu				
						5		5		
	Complete ONLY if direct	(	Candidate/Officeholder name	(	Dffice soug	lht		Office held		
	expenditure to benefit C/OI	H								
	Date		Payee name							
	07/27/2023		Gilberg, Julie							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$400.00		109 W 32nd St	Olule,	, 20 000					
	Q-00.00									
			Austin, TX 78705-2301							
	PURPOSE OF	(a)	Category (See Categories listed at the		edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Lal	oor				ide of Texas. Complete Schedule T.		
						Salary suppl		, officeholder living expense		
						Culury Supply				
-	Complete ONLY if direct		Candidate/Officeholder name		Office soug	iht		Office held		
	expenditure to benefit C/OI			(	2006 2006	p.r.				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Odflee Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 20/49 Rpt:	Hinojosa, Regina (The Honorable) 00080440								
4	Date 12/29/2023	Payee name Gilberg, Julie								
6	Amount (\$) \$400.00	Payee address;       City;       State;       Zip Code         109 W 32nd St       Austin, TX 78705-2301       Austin, TX 78705-2301								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/30/2023	Gilberg, Julie								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$400.00	109 W 32nd St Austin, TX 78705-2301								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/31/2023	Gilberg, Julie								
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 109 W 32nd St								
		Austin, TX 78705-2301								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ment							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transpo           Food/Beverage Expense         Polling Expense         Travel in           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel O					nsportation Eo vel in District vel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)			
1	Total pages Schedule F1:	ILER NAME				3 File	er ID	(Ethics Commission Filers)			
	Sch: 21/49 Rpt:		a (The Honorable)			000	080440				
4	Date 09/29/2023	Payee name Gilberg, Julie									
6	Amount (\$)           7         Payee address;         City;         State;         Zip Code           \$400.00         109 W 32nd St         Austin, TX 78705-2301         Austin, TX 78705-2301										
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Salary supplement</li> </ul> </li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office sou	ıht		Office he	ld			
	Date	Payee name									
	08/31/2023	Gilberg, Julie									
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$400.00     109 W 32nd St     109 W 32nd St										
	PURPOSE OF EXPENDITURE		egories listed at the top of thi /Contract Labor	s schedule)	(b) Description	, TX, office		olete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office sou	Iht		Office he	ld			
	Date	Payee name									
	12/18/2023	Gilberg, Julie									
	Amount (\$) \$1,000.00	<sup>D</sup> ayee address; 109 W 32nd St	City; S	tate; Zip Co	le						
		Austin, TX 7870	5-2301								
	PURPOSE OF EXPENDITURE		egories listed at the top of thi /Contract Labor	s schedule)	(b) Description			olete Schedule T. expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office sou	ıht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 22/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440			
4	Date 12/04/2023		Payee name Gioia, Greg							
6	Amount (\$) \$2,000.00		Payee address; City; State; 3614 Chaff Ln Pflugerville, TX 78660-6202	Zip Coo	le					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Event Expense	dule)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held			
	Date		Payee name							
	09/05/2023		Ground Game Texas							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$1,000.00		PO Box 310 Austin, TX 78767							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit				de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	11/03/2023		Gusto							
	Amount (\$) \$37.31		Payee address; City; State; 525 20th Street	Zip Coo	le					
			San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Fees	dule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation I           Food/Beverage Expense         Polling Expense         Travel in Distric           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of Di					Travel in District Travel Out of Distr	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 23/49 Rpt:		Hinojosa, Regina (The Hono	orable)					00080440		
4	Date	5	Payee name								
	07/06/2023		Gusto								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$56.50		525 20th Street								
			San Francisco, CA 94107								
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees		,	]	Check if travel of	outsio	de of Texas. Compl	ete Schedule T.	
	EXPENDITORE							, тх,	officeholder living e	expense	
							Payroll fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office hel	d	
	Date		Payee name								
	10/03/2023		Gusto								
	Amount (\$)		Payee address; City;	State	Zip Co	de					
	\$37.31		525 20th Street		, 1						
	\$01.01										
			San Francisco, CA 94107								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Fees	e top of this sch	edule)				de of Texas. Compl officeholder living e		
							r dyroll icc				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office hel	d	
	Date		Payee name								
	09/06/2023		Gusto								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$56.50		525 20th Street								
			San Francisco, CA 94107								
	PURPOSE OF		Category (See Categories listed at th Fees	e top of this sch	edule)	(b) 	Description Check if travel o	outsid	de of Texas. Compl	ete Schedule T.	
	EXPENDITURE					I	Check if Austin, Payroll fee	, TX,	officeholder living e	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office hel	d	
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reinbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 24/49 Rpt:	Hinojosa, Regina (The Honorable)	00080440								
4	Date 08/04/2023	Payee name Gusto									
6	Amount (\$) \$37.31 7 Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107										
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/10/2023	H-E-B									
	Amount (\$) \$113.23	Payee address;       City;       State;       Zip Code         2652 Lake Austin Blvd       Austin, TX 78703       Austin, TX 78703									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense <b>ES</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/01/2023	H-E-B									
	Amount (\$) \$74.67	Payee address;City;State;Zip Code2652 Lake Austin Blvd									
		Austin, TX 78703									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense <b>ES</b>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATEGO	ORIES FOR	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 25/49 Rpt:		Hinojosa, Regina (The Honorable)					00080440		
4	Date 11/16/2023		Payee name H-E-B							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$163.85 2652 Lake Austin Blvd Austin, TX 78703									
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Food for Roe-vember Event     </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	12/07/2023		H-E-B							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$24.11		2652 Lake Austin Blvd Austin, TX 78703							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this se Event Expense	chedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense for event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght Office held					
	Date		Payee name							
	12/18/2023		Hadley, Lauren							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$1,000.00		105 W 51st St							
			Apt 4105							
			Austin, TX 78751-0006		_					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this si Salaries/Wages/Contract Labor	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation E           Food/Beverage Expense         Polling Expense         Travel in District           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 26/49 Rpt:		Hinojosa, Regina (The Honorable	)				00080440				
4	Date	5	Payee name									
	07/27/2023		Hadley, Lauren									
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode							
	\$500.00		105 W 51st St									
			Apt 4105									
			Austin, TX 78751-0006									
8	PURPOSE	<u> </u>			(b)	Description						
•	B       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary supplement											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office held				
	Date		Payee name									
	12/29/2023		Hadley, Lauren									
	Amount (\$)		Payee address; City;	State; Zip C	ode							
	\$500.00		105 W 51st St									
			Apt 4105									
			Austin, TX 78751-0006									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ent				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office held				
	Date		Payee name									
	11/30/2023		Hadley, Lauren									
	Amount (\$) \$500.00		Payee address; City; 105 W 51st St Apt 4105 Austin, TX 78751-0006	State; Zip C	ode							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense ent				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name	Office so	ught			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	ise s Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reim rhead/Renta bense pense /ages/Contra	bursement I Expense act Labor		Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)		
	Sch: 27/49 Rpt:			Regina (The Hor	orable)					00080440			
4	Date	5	Payee name										
	10/31/2023		Hadley, La	uren									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de						
	\$500.00		105 W 51s	t St									
			Apt 4105										
			Austin, TX	78751-0006									
8	PURPOSE	(a)	Category (s	ee Categories listed at t	the ton of this sch	nedule)	(b) Desc	ription					
	OF EXPENDITURE			ages/Contract L		icuaic)	_		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE			-						officeholder living	expense		
							Sala	ry supple	eme	ent			
_				· · · ·		o.""				011			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(	Office sou	gnt			Office he	210		
	Date		Payee name										
	09/29/2023		Hadley, La	uren									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de						
	\$500.00		105 W 51s	t St									
			Apt 4105										
			Austin, TX	78751-0006									
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b) Desc	ription					
	OF EXPENDITURE			ages/Contract L						de of Texas. Com			
							·	heck if Austin. I <b>ry supple</b>		officeholder living	expense		
							Sala	ily supple	ine	51 IL			
	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	aht			Office he	ald		
	expenditure to benefit C/OI				·	0	9			0.1100 110			
-	Date		Payee name										
	08/31/2023		Hadley, La										
	Amount (\$)		Payee addre		State	; Zip Co	de						
	\$500.00		105 W 51s			,							
			Apt 4105										
			•	78751-0006									
	PURPOSE	(2)					(h) Deer	rintion					
	OF	(a)		iee Categories listed at a		nedule)	(b) Desc	•	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Salaries/W	ayes/Contract L	abui					officeholder living			
							Sala	ry supple	eme	ent			
	Complete <u>ONLY</u> if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI												
		_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 28/49 Rpt:	inojosa, Regina (The Honorable)		00080440						
4	Date 12/18/2023	ayee name Ituit								
6	Amount (\$) \$52.23	ayee address; City; S 700 Coast Ave Iountain View, CA 94043-1140	tate; Zip Code							
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ccounting/Banking	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ng software						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	08/20/2023	ntuit								
	Amount (\$) \$84.25	ayee address; City; S 700 Coast Ave Iountain View, CA 94043-1140	tate; Zip Code							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ccounting/Banking	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ng Software						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	09/18/2023	ituit								
	Amount (\$) \$52.23	ayee address; City; S 700 Coast Ave	tate; Zip Code							
		lountain View, CA 94043-1140	1							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ccounting/Banking	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ng software						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials ttee Legal Services	Loan Rep Office Ove se Polling Ex Expense Printing Ex	ayment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		-	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 29/49 Rpt:	nojosa, Regina (The Hon	orable)		00080440					
4	Date 09/18/2023	ayee name tuit								
6	Amount (\$) \$52.23	ayee address; City; 700 Coast Ave ountain View, CA 94043-1	State; Zip Co	de						
8	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 accounting Software									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	10/18/2023	tuit								
	Amount (\$) \$52.23	ayee address; City; 700 Coast Ave	State; Zip Co	de						
	PURPOSE OF EXPENDITURE	ountain View, CA 94043-1 ategory (See Categories listed at th ccounting/Banking			outside of Texas. Complete Schedule T. , TX, officeholder living expense Oftware					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	11/19/2023	tuit								
	Amount (\$) \$52.23	ayee address; City; 700 Coast Ave	State; Zip Co	de						
		ountain View, CA 94043-1	140							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th ccounting/Banking	ne top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense Oftware					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 30/49 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 09/08/2023	Payee name JW Marriott								
6	Amount (\$) \$434.06	<sup>7</sup> Payee address; City; State; Zip Code 23808 Resort Pkwy San Antonio, TX 78261-2018								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense C Conference							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/14/2023	Julie Johnson for Congress								
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 802765								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/29/2023	Junes								
	Amount (\$) \$273.16	Payee address;City;State;Zip Code1722 S Congress Ave								
		Austin, TX 78704-3524								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office ( Polling Printing Salarie	Overh Exper g Expe s/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 31/49 Rpt:		Hinojosa, Regina (The Honorable)					00080440			
4	Date	5	Payee name								
	09/27/2023		Legislative Solutions								
6	Amount (\$)	7	Payee address; City; S	tate; Zip (	Code	9					
	\$350.00		PO Box 5643								
	Austin, TX 78763-5643										
8	PURPOSE	(a)	Category (See Categories listed at the top of thi		10	Description					
Ũ	OF	(4)	Solicitation/Fundraising Expense	is schedule)	(`		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austir	n, ТХ,	officeholder living expense			
						Email distrib	utio	n			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ough	nt		Office held			
	Date		Payee name								
	12/01/2023		Legislative Solutions								
	Amount (\$)		Payee address; City; S	tate; Zip (	Code	9					
	\$350.00		PO Box 5643								
			Austin, TX 78763-5643								
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(k	) Description					
	OF EXPENDITURE		Solicitation/Fundraising Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Email distrib	utio	n			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	nt		Office held			
		_									
	Date		Payee name								
	10/31/2023		Legislative Solutions								
	Amount (\$)		5 . 5.	tate; Zip (	Code	9					
	\$350.00		PO Box 5643								
			Austin, TX 78763-5643								
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(k	) Description					
	OF EXPENDITURE		Solicitation/Fundraising Expense					de of Texas. Complete Schedule T.			
								officeholder living expense			
						Email distrib	JUO	11			
	Osmalata Obli Milli	L		<u> </u>	<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	It		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transp Travel           Food/Beverage Expense         Polling Expense         Travel           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 32/49 Rpt:		Hinojosa, Regina (The	Honorable)				00080440				
4	Date	5	Payee name									
	09/28/2023		NAACP									
6	Amount (\$)	7	Payee address; City;	State;	Zip Coc	e						
	\$375.00		1050 E 11th St									
			Ste 120									
			Austin, TX 78702-1959									
8	PURPOSE	(a)	Category (See Categories list	ad at the tap of this sale	odulo)	b) Description						
-	OF		Advertising Expense	ed at the top of this sche	edule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE					Check if Austin	I, TX	, officeholder living	expense			
						Advertiseme	nt					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder nan	ne C	Office soug	ht		Office he	eld			
	Date		Payee name									
	08/03/2023		NGP Van									
	Amount (\$)		Payee address; City;	State;	Zip Coc	е						
	\$266.50		655 15th St NW									
			Ste 650									
			Washington, DC 20005	-5738								
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	b) Description						
	OF EXPENDITURE		Office Overhead/Renta		,			ide of Texas. Com				
								, officeholder living	expense			
						Database so	nwa	are				
	Complete ONLY if direct		Candidate/Officeholder nan			ht		Office he	Nd			
	expenditure to benefit C/OI				Office soug	n.		Office fie				
	Data											
	Date 12/04/2023		Payee name NGP Van									
				Chata	7:0 000							
	Amount (\$)		Payee address; City;	State;	Zip Coo	e						
	\$266.50		655 15th St NW									
			Ste 650									
			Washington, DC 20005	-5738								
	PURPOSE OF	(a)	Category (See Categories list		edule)	b) Description						
	EXPENDITURE		Office Overhead/Renta	l Expense				ide of Texas. Com , officeholder living				
						Database so			expense			
	Complete ONLY if direct	L(	Candidate/Officeholder nan	ne C	Office soug	ht		Office he	eld			
	expenditure to benefit C/OI				5							
-												

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 33/49 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 11/17/2023	Payee name NGP Van								
6	Amount (\$) \$266.50	7 Payee address;       City;       State; Zip Code         0       655 15th St NW         Ste 650       Washington, DC 20005-5738								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Database software       Check if Austin, TX, officeholder living expense Database software									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/10/2023	NGP Van								
	Amount (\$) \$266.50	Payee address;       City;       State;       Zip Code         655 15th St NW       Ste 650         Washington, DC 20005-5738								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense WARE							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/05/2023	NGP Van								
	Amount (\$) \$266.50	Payee address;City;State;Zip Code655 15th St NW5te 650Washington, DC 20005-5738								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense WARE							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 34/49 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 07/28/2023	5 Payee name NGP Van								
6	Amount (\$) \$266.50									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Database software       Database software										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/16/2023	Phillips, Robert								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$371.68     Unknown       Austin, TX 78701									
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense es for ED interview on behalf of Texas							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/15/2023	Planned Parenthood of Greater Austin								
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 201 E Ben White Blvd Bldg B Austin, TX 78704-7301								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGOR	RES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex	kpense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 35/49 Rpt:		Hinojosa, Regina (The Honor	able)				00080440			
4	Date	5	Payee name								
	12/05/2023		Proctor, Julia								
6	Amount (\$)	7	Payee address; City;	State;	Zip Coc	le					
	\$702.94		2624 Metcalfe Rd								
			Apt 23								
			Austin, TX 78741-5673								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sche	odulo)	(b) Description					
	OF EXPENDITURE	<b>`</b>	Event Expense	top or this some	Julie		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE							, officeholder living			
						drinks and co	ontr	act services	for event		
_	Complete ONIL V if direct	Ľ				.I. 1		Office he	. 1 . 1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name		Office soug	,nt		Office he	9IC		
	Date	Γ	Payee name								
11/09/2023 Progress Texas											
Amount (\$) Payee address; City; State; Zip Code											
	\$250.00 PO Box 162922										
			Austin, TX 78716-2922								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Contributions/Donations Made Candidate/Officeholder/Politic	е Ву				ide of Texas. Com , officeholder living			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	0	)ffice soug	Jht		Office he	eld		
	expenditure to benefit C/OI	Н									
	Date	Γ	Payee name								
	07/20/2023		Salamander								
	Amount (\$)	┢	Payee address; City;	State;	Zip Coc	le					
	\$398.86		1330 Maryland Ave SW								
			Washington, DC 20024-2100		r						
	PURPOSE OF	(a)	Category (See Categories listed at the Travel Out of District	top of this sche	edule)	(b) Description	outsi	ide of Texas. Com	nlete Schedule T.		
	EXPENDITURE		Traver Out of District					, officeholder living			
						Hotel during t			DNC on behalf of Texas		
						HDCC					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	O.	Office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Polling Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 36/49 Rpt:	Hinojosa, Regina (The Honorable)	00080440							
4	Date 10/10/2023	Payee name Santa Rita								
6	Amount (\$) \$319.91	7 Payee address; City; State; Zip Code 1206 W 38th St Austin, TX 78705-1031								
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense       Meeting expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/12/2023 Santa Rita									
	Amount (\$) Payee address; City; State; Zip Code \$178.56 1206 W 38th St Austin, TX 78705-1031									
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>ENSE</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/06/2023	Santa Rita								
	Amount (\$) \$162.62	Payee address;City;State; Zip Code1206 W 38th St								
		Austin, TX 78705-1031								
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>ENSE</b>							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATEGO	RIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense /ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 37/49 Rpt:		Hinojosa, Regina (The Honorable)					00080440
4	Date	5	Payee name					
	12/07/2023		Southwest Airlines					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$418.90		2702 Love Field Dr					
			Dallas, TX 75235-1908					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b)	Description		
-	OF		Travel Out of District	iedule)	()		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense
								DLCC Emerging Leaders Forum on
						behalf of Tex	as	HDCC
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	12/08/2023		Southwest Airlines					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$452.90		2702 Love Field Dr					
			Dallas, TX 75235-1908					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense
								re - attend DLCC Emerging Leaders
								f of Texas HDCC
	Complete ONLY if direct		Candidate/Officeholder name	 Office soug	aht			Office held
	expenditure to benefit C/OI				gin			
-	Date	<u> </u>	Payee name					
	07/17/2023		Southwest Airlines					
_	Amount (\$)			; Zip Co	do			
	\$870.96		2702 Love Field Dr	, zip co	ue			
	\$670.90		2702 LOVE FIEld DI					
			Dallas, TX 75235-1908					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
								, officeholder living expense
						of Texas HDC	snir CC	ngton DC for visit with DNC on behalf
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office soug	ght			Office held
-								

			EXPENDITURE	CATEGO	RIES FOR	вс	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Travel in District Travel Out of Dist	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 38/49 Rpt:		Hinojosa, Regina (The Honor	able)					00080440	
4	Date	5	Payee name							
	08/14/2023		Southwest Airlines							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$513.96		2702 Love Field Dr							
			Dallas, TX 75235-1908		r					
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Travel Out of District						de of Texas. Comp	
									officeholder living	
							HDCC	μης	jen ior meet	ings on behalf of Texas
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office he	ld
	Date		Payee name							
	09/21/2023		Squarespace							
	Amount (\$)	-	Payee address; City;	State	; Zip Co	de				
	\$268.63		8 Clarkson St	State	, zip coi	ac				
	Φ200.03									
			FI 12							
			New York, NY 10014-4301							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expe				Check if travel of	outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITORE								officeholder living	expense
							Website hosti	ing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office he	ld
	Date		Payee name							
	10/31/2023		Susan Harry Consulting							
		-	Payee address; City;	Stata	; Zip Co	do				
	Amount (\$)			Sidle	, zip coi	ue				
	\$2,500.00		PO Box 301074							
			Austin, TX 78703-0018							
-	PURPOSE	(m)			I	(b)	Description			
	OF	( <sup>a)</sup>	Category (See Categories listed at the t Consulting Expense	op of this sch	iedule)	(9)		outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITURE		Consulting Expense						officeholder living	
							Fundraising &			
							5		-	-
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	(	Office sou	nht			Office he	ld
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Expense           Food/Beverage Expense         Polling Expense         Travel in District           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of Dis					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 39/49 Rpt:		Hinojosa, Regina (The Honorable)					00080440			
4	Date	5	Payee name								
	08/31/2023		Susan Harry Consulting								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$2,500.00		PO Box 301074								
			Austin, TX 78703-0018								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Fundraising a	\$ C(	ompliance consulting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held			
	Date		Payee name								
	10/04/2023		Susan Harry Consulting								
	Amount (\$)		Payee address; City; Sta	ate; Zip (	Code						
	\$2,500.00		PO Box 301074	,							
	\$2,000.00										
			Austin, TX 78703-0018								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Fundraising	x Cl	ompliance consulting			
	Complete ONLY if direct		Candidate/Officeholder name	Office s				Office held			
	expenditure to benefit C/OI		candidate/Onicenoider name	Onice S	Juyin			Once neu			
-	Date		Payee name								
	11/30/2023		Susan Harry Consulting								
	Amount (\$)	-		ate; Zip (	<u>aho</u>						
	\$2,500.00		PO Box 301074	αιε, Ζιρ (	Jue						
	φ2,500.00		FO B0X 301074								
			Austin, TX 78703-0018								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						⊢undraising a	ξ C(	ompliance consulting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held			
	onpenditure to benefit C/OI										

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	xpense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 40/49 Rpt:		ojosa, Regina (The Hono	rable)				00080440			
4	Date 08/01/2023		e name an Harry Consulting								
6	Amount (\$) \$500.00	PO	Payee address;       City;       State; Zip Code         PO Box 301074       Austin, TX 78703-0018       Austin, TX 78703-0018								
8	PURPOSE OF EXPENDITURE	OF Consulting Expense							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Paye	ee name								
	07/12/2023	Tac	o Deli								
	Amount (\$) \$26.50	420	ee address; City; D N Lamar Blvd tin, TX 78756-3712	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE	(a) Cate	gory (See Categories listed at the e Overhead/Rental Expe		edule)			ide of Texas. Com , officeholder living			
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Paye	e name								
	08/17/2023		o Deli								
	Amount (\$) \$214.14		ee address; City; O N Lamar Blvd	State;	Zip Coo	e					
		Aus	tin, TX 78756-3712								
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the d/Beverage Expense	top of this sche	edule)		ı, TX	ide of Texas. Com , officeholder living Hall			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			r	3	Filer ID (Ethics Commission Filers)			
	Sch: 41/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440			
4	Date 07/12/2023		Payee name Taco Deli							
6	Amount (\$) \$5.06	7 Payee address;       City;       State;       Zip Code         \$5.06       4200 N Lamar Blvd         Austin, TX 78756-3712								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense expense       Check if Austin, TX, officeholder living expense expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	10/17/2023		Taco Deli							
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$52.65     4200 N Lamar Blvd									
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78756-3712 Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			
	Date		Payee name							
	07/02/2023		Texas Ethics Commission							
	Amount (\$) \$800.00		Payee address; City; State; 201 E 14th St # 10 Austin, TX 78701-1445	Zip Coo	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense rrection			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/O The Instruction Guide explains how to complet	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)						
-	Sch: 42/49 Rpt:	inojosa, Regina (The Honorable)	00080440						
4	Date 12/26/2023	ayee name exas HDCC							
6	Amount (\$) \$83.00	7 Payee address; City; State; Zip Code PO Box 1925 Austin, TX 78767-1925							
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Contributions/Donations Made By       Candidate/Officeholder/Political Committee       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder Iving expense       Monthly contribution									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						
	Date	ayee name							
	11/24/2023	exas HDCC							
	Amount (\$) \$83.00	ayee address; City; State; Zip Code O Box 1925 ustin, TX 78767-1925							
	PURPOSE OF EXPENDITURE	ontributions/Donations Made By [andidate/Officeholder/Political Committee ]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly contribution						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						
	Date	ayee name							
	10/23/2023	exas HDCC							
	Amount (\$) \$83.00	ayee address; City; State; Zip Code O Box 1925							
		ustin, TX 78767-1925							
	PURPOSE OF EXPENDITURE	ontributions/Donations Made By [ andidate/Officeholder/Political Committee ]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly contribution						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 43/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440		
4	Date 09/25/2023	5	Payee name Texas HDCC						
6	Amount (\$) \$83.00	7       Payee address; City; State; Zip Code         3.00       PO Box 1925         Austin, TX 78767-1925							
8	B       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Contributions/Donations Made By       Candidate/Officeholder/Political Committee       Check if travel outside of Texas. Complete Schedule T.         Candidate/Officeholder/Political Committee       Check if Austin, TX, officeholder living expense         Monthly contribution								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	08/23/2023		Texas HDCC						
	Amount (\$) \$83.00		Payee address; City; State; PO Box 1925 Austin, TX 78767-1925	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm			ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense I <b>tion</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	07/24/2023		Texas HDCC						
	Amount (\$) \$83.00		Payee address; City; State; PO Box 1925	Zip Co	le				
			Austin, TX 78767-1925						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	,		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense Ition		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 44/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440		
4	Date	5	Payee name						
	10/08/2023		Texas HDCC						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$12,000.00		PO Box 1925						
			Austin, TX 78767-1925						
8	PURPOSE	(a)			(b) Decoription				
ľ	OF	(a)	Category (See Categories listed at the top of this schere Contributions/Donations Made By	dule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Commit	ttee			officeholder living expense		
					Membership	due	es		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	Jht		Office held		
	Date		Payee name						
	11/02/2023		Texas Student Media						
_	Amount (\$)	-	Payee address; City; State;	Zip Co	le				
	\$650.00 2500 Whitis Ave								
	+000100								
			Austin, TX 78712-1502						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this scheet	dule)	(b) Description				
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. officeholder living expense		
					Daily Texan				
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	nht		Office held		
	expenditure to benefit C/Oł			1100 000	jiit				
_	Data	<u> </u>	D						
	Date 08/30/2023		Payee name Texas Tribune						
				7. 0					
	Amount (\$)			Zip Co	de				
	\$259.00		919 Congress Ave						
			FI 6						
			Austin, TX 78701-2102						
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
						e F	estival Tickets for Staff		
_	Complete ONUM Station	Ĺ	See did to to /Office to a latent to the second	<b>(</b> i.e.e )					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	Jur		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 45/49 Rpt:		Hinojosa, Regina (The Honorable)					00080440		
4	Date	5	Payee name							
	11/13/2023		Travis County Democratic Party							
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de					
-	\$750.00	·	PO Box 15707	.o,p oo						
			Austin, TX 78761-5707							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chodulo)	(b)	Description				
	OF	ľ	Fees	scriedule)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE						, тх,	officeholder living expense		
						filing fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	09/05/2023		Travis County Democratic Party							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	de					
	\$4,500.00		PO Box 15707							
			Austin, TX 78761-5707							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Com	mittoo				de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Onicenoide/Political Com	millee		Event sponso		- ·		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Ight			Office held		
	expenditure to benefit C/OI	H								
	Date		Payee name							
	08/10/2023		United Airlines							
	Amount (\$)		Payee address; City; Stat	te; Zip Co	de					
	\$483.99		233 S Wacker Dr							
			Chicago, IL 60606-7147							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		de ef Teures, Complete Schertide T		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Com	mittoo				de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Onicenoide//Folitical Com	millee				iewee on behalf of Texas HDCC		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 46/49 Rpt:		Hinojosa, Regina (The Honorable)				00080440			
4	Date 08/09/2023	5	Payee name United Airlines							
6	Amount (\$) \$342.32	7	Payee address; City; State; 233 S Wacker Dr Chicago, IL 60606-7147	Zip Coo	e					
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>X Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Airfare for interviewee on behalf of Texas HD</li> </ul> </li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	11/09/2023		University Democrats							
	Amount (\$) \$500.00		2819 Rio Grande st #610	Zip Coo	e					
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78705 Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit				de of Texas. Complete Schedule T. . officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	10/20/2023		University Democrats							
	Amount (\$) \$500.00		Payee address;City;State;2819 Rio Grande st #610	Zip Coo	e					
			Austin, TX 78705	i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit	,			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 47/49 Rpt:		Hinojosa, Regina (The Honor	able)				00080440		
4	Date	5	Payee name							
	09/28/2023		Veracruz Tacos							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$513.00		111 E Cesar Chavez St							
			Austin, TX 78701-4001							
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description	outoi	de ef Teuros, Complete Cabadula T		
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense		
						tacos for mov				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	12/04/2023		Zoom							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$70.35		55 Almaden Blvd							
			San Jose, CA 95113-1608							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Expe		edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense iption		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	10/04/2023		Zoom							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$70.35		55 Almaden Blvd							
			San Jose, CA 95113-1608							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Expe		iedule)		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense iption		
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	C	Dffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Fees         Office O           Food/Beverage Expense         Polling I           Gift/Awards/Memorials Expense         Printing           mittee         Legal Services         Salaries	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense								
_			· · · ·	ompi		_						
1	Total pages Schedule F1: Sch: 48/49 Rpt:	2	FILER NAME Hinojosa, Regina (The Honorable)			3	Filer ID     (Ethics Commission Filers)       00080440					
4	Date	5	Payee name		•							
	08/04/2023		Zoom									
6	Amount (\$) \$70.35	7	Payee address; City; State; Zip Code 55 Almaden Blvd									
			San Jose, CA 95113-1608									
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense			, тх,	de of Texas. Complete Schedule T. officeholder living expense iption					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sc	ught			Office held					
	Date		Payee name									
	11/06/2023		Zoom									
	Amount (\$)		Payee address; City; State; Zip C	ode								
	\$70.35		55 Almaden Blvd									
			San Jose, CA 95113-1608	14.5								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense iption					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sc	ught			Office held					
	Date		Payee name									
	09/05/2023		Zoom									
	Amount (\$)		Payee address; City; State; Zip C	ode								
	\$70.35		55 Almaden Blvd									
			San Jose, CA 95113-1608	_								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense iption					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sc	ught			Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
				The Instruction Gu	ide explains	how to co	mplet	te this form.				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission File	ers)
	Sch: 49/49 Rpt:		Hinojosa, F	Regina (The Hond	orable)					00080440		
4	Date	5	Payee name	1								
	07/05/2023		Zoom									
_				Citur	Ctoto	. 710 00	al a					
6	Amount (\$)		Payee addre		State	; Zip Co	ue					
	\$70.35		55 Almade	n Biva								
			San Jose,	CA 95113-1608								
8	PURPOSE	(a)	Category (	See Categories listed at th	o top of this och	adula)	(b)	Description				
-	OF			rhead/Rental Exp		ieuuie)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						į	Check if Austin	ı, TX,	officeholder living	l expense	
								Software sub	oscri	iption		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(	Office sou	ght			Office he	eld	
												ſ
												ſ

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains	how to complete	this form.	1 Total pages Schedule T Sch: 1/3 Rpt: 114/11							
2 FILER NAME					3 Filer ID (Ethics Co	mmission Filers)						
Hinojosa, Regin	a (The Ho	norable)		00080440								
4 Name of Contribut	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Autograph Mayflower												
5 Contribution / Exp	5 Contribution / Expenditure reported on:											
Schedule A2	Schedule B         Schedule B(J)         Schedule C2         Schedule D         X         Schedule F1											
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
6 Dates of Travel	7 Name	of person(s) travelin	g									
	Hinojosa, Gina (Rep.)											
	8 Depart	ure city or name of	departure location									
12/13/2023	Austin	1										
	9 Destina	ation city or name of	f destination location									
12/15/2023	Washi	ington, DC										
10 Means of transpor	tation	11 Purpose of trav	el (including name of c	onference, seminar, or	r other event)							
Commercial Airp	olane	Attend DLCC	Emerging Leaders F	orum on behalf of T	Texas HDCC							
Name of Contribut	tor / Corpora	ation or Labor Orga	nization / Pledgor /Paye	ee								
Delta Air												
Contribution / Exp	enditure rep	ported on:										
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1						
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	—						
Dates of Travel	Name	of person(s) travelin	g									
		osa, Gina (Rep.)	•									
	Depart	ure city or name of (	departure location									
09/17/2023	Austin											
	Destina	ation city or name of	f destination location									
09/19/2023	Minne	-										
Means of transpor			el (including name of c	onference seminar or	r other event)							
Commercial Aut			Fall Policy Conferen		•							
			-									
	for / Corpora	ation of Labor Orgai	nization / Pledgor /Paye	e								
Phillips, Robert												
Contribution / Exp												
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1						
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC							
Dates of Travel	Name	of person(s) travelin	g									
	Phillip	s, Robert										
Departure city or name of departure location												
08/17/2023 Orlando												
Destination city or name of destination location												
08/17/2023	08/17/2023 Austin											
Means of transpor	tation	Purpose of trav	el (including name of c	onference, seminar, or	r other event)							
Commercial Airp	olane	Interview with	Texas HDCC									
		1										

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Salamander 5 Contribution / Expenditure reported on:											
						Cabadula 51					
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel		of person(s) trave									
	-	Hinojosa, Gina (Rep.)									
07/1 4/2022	8 Departure city or name of departure location										
07/14/2023	Austin										
07/19/2023		ation city or name ngton, DC	e of destination location								
		-	rough (including name of	anforance cominer or at	har avent)						
<b>10</b> Means of transport Commercial Airp		-	NC on behalf of Texas	conference, seminar, or ot	ner evenij						
		ation or Labor Or	ganization / Pledgor /Pay	ee							
Southwest Airlin		orted on:									
Contribution / Expe		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule B(J)	Schedule H	Schedule COH-UC	X Schedule F1					
Dates of Travel		of person(s) trave sa, Gina (Rep.	•								
07/14/2023	Austin		of departure location								
01114/2020			e of destination location								
07/19/2023		ngton, DC	e of destination location								
Means of transport		-	ravel (including name of o	conference, seminar, or ot	her event)						
Commercial Airp		-	NC on behalf of Texas								
Name of Contribut	or / Corpora	ation or Labor Or	ganization / Pledgor /Pay	ee							
Southwest Airlin	es										
Contribution / Expe	enditure rep	orted on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Name	of person(s) trave	eling								
	Hinojo	sa, Gina (Rep.	)								
	Depart	ure city or name	of departure location								
12/13/2023	Austin										
	Destina	ation city or name	e of destination location								
12/13/2023	12/13/2023 Washington, DC										
-	Means of transportation Purpose of travel (including name of conference, seminar, or other event)										
Commercial Airp	Commercial Airplane Attend DLCC Emerging Leaders Forum on behalf of Texas HDCC										
Forms provided by T	exas Ethi	cs Commission	y www.ethic	s.state.tx.us	\	ersion V3.5.1.9000c47f					

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee											
Southwest Airlines											
5 Contribution / Expe			_	_	_						
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel	Dates of Travel 7 Name of person(s) traveling										
	Hinojo	sa, Gina (Rep.	)								
	8 Departure city or name of departure location										
12/15/2023	12/15/2023 Washington, DC										
	9 Destination city or name of destination location										
12/15/2023 Austin											
<b>10</b> Means of transport		-	ravel (including name of c								
Commercial Airp			CC Emerging Leaders I								
	or / Corpora	ation or Labor Or	ganization / Pledgor /Pay	ee							
United Airlines											
Contribution / Expe											
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
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Dates of Travel		of person(s) trave	eling								
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Means of transport Commercial Airp		-	ravel (including name of c /ith Texas HDCC	conference, seminar, or	other event)						
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08/17/2023	Destination city or name of destination location										
Means of transportationPurpose of travel (including name of conference, seminar, or other event)Commercial AirplaneInterview with Texas HDCC											
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