CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00065973		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Giovanni S.			Date Received	
10 101					ELECTRONICA	ALLY EILED
					02/05/2024	CLI FILLD
	NICKNAME	LAST		SUFFIX	02/05/2024	
		Capriglione				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	1352 Ten Bar Trail					
ADDRESS					Receipt #	Amount
Change of Address	Southlake, TX 76092					
Ш '	Cournaice, 17, 10032				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER				IVII		
NAME	Mrs.	Elisa B.				
	NICKNAME	LAST		SUFFIX		
		Capriglione				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	1352 Ten Bar Trail					
(Residence or Business)	Southlake, TX 76092					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(214) 500-3302					
8 REPORT		_		_	-	
TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
			ш	reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	HROUGH	01/25/202		
	02/02/202			02,20,202	•	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		-		ш	
		∐ ^G	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	rict 98 Tarrant		State Representa	ative District 98	
	-					
		GO T	O PAGE 2			
		00 .	O I AGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Capriglione, Giovann	i S. (The Honorab	le)	14 Filer ID 00065973	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expendit may have been made without equired to report this informatio	the candidate's or office	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
, additional rages	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOAN	S)	\$	62,642.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	(PENDITURES		\$	388.43
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	29,346.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	LAST DAY OF THE	\$	319,244.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				-	
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	companying o be report	g report is ed by me
				ole Giovanni S. Capri		
			Signature o	f Candidate or Officeho	ider	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	r administe	ring oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 26
18 FILER NA	ME	19 Filer ID	(Ethic	cs Commission Filers)
Capriglio	ne, Giovanni S. (The Honorable)	00065973		
	LE SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	33,075.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	29,567.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	S	\$	29,346.84	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/26	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 01/09/2024	5 Full name of contributor Alford, Carl6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$1,000.00
_		Southlake, TX 76092					
8	CEO	pation / Job title (See Instructions)		Employer (See Instructions Tech Trans)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/25/2024 Bailey, Mona Contributor address; City; State; Zip Code North Richland Hills, TX 76180				Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired						
Date Full name of contributor out-of-state PAC (ID#:) 01/25/2024 Bateson, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Deinsinal assu	Colleyville, TX 76034		Faralous (Coo la trustiana			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
Date Full name of contributor out-of-state PAC (ID#:) Beef PAC Contributor address; City; State; Zip Code Amarillo, TX 79106			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/16/2024	Cerami, John)		Amount of Contribution (\$)	\$50.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions NA)		

	MONET	ARY POLITICAL (S		SCHEDULE A1		
	The Instru	ction Guide explains hov	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/26
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)				3	Filer ID (Ethics Commission Filers) 00065973
4	Date 01/16/2024	5 Full name of contributor Crain, Sue6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$100.00
_		Keller, TX 76248					
8	NA Principal occu	pation / Job title (See Instructions	5)	9	Employer (See Instructions NA	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/23/2024 Dade Phelan Campaign Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$15,000.00	
	Austin, TX 78763 Principal occupation / Job title (See Instructions) Employer (See Instructions)					<u> </u> 5)	
	Date 01/16/2024	Full name of contributor Dowden, Charles Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$) \$100.00
	Dringinal occu	Colleyville, TX 76034 pation / Job title (See Instructions	<u> </u>		Employer (See Instructions	·/	
	Banker	pation 7 300 tale (See Instructions	2)		Cadence	•)	
	Date 01/19/2024	Full name of contributor Garabedian, Michael Contributor address; City; S Southlake, TX 76092)		Amount of Contribution (\$) \$500.00
	Principal occu Builder	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)	
	Date 01/20/2024	Full name of contributor Gottleber, Tim Contributor address; City; S Keller, TX 76248	out-of-state PAC (ID#:_				Amount of Contribution (\$) \$25.00
	Principal occu Professor	pation / Job title (See Instructions	5)		Employer (See Instructions Dallas College	5)	
			'				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/26	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 01/19/2024	 Full name of contributor out-of-st lacabucci, Sondra Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76109	1				
8	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Watson, Inc.	5)		
Date Full name of contributor out-of-state PAC (ID#:) 01/02/2024 LIGGETT, RONNIE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	INSTRUCTOR UT-ARLINGTON						
Date O1/19/2024 Contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		Southlake, TX 76092					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Feedstore BBQ	5)		
	Date 01/10/2024	Full name of contributor out-of-st Mathews, Hon. Mark and Angela Contributor address; City; State; Zip Cod Keller, TX 76248)		Amount of Contribution (\$)	\$1,000.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 01/19/2024	Full name of contributor out-of-st McCall, William Contributor address; City; State; Zip Cod Colleyville, TX 76034	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Turbine Resources Inc.	5)		
			I				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/26	
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Commission 00065973	on Filers)
4	Date 01/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_		Southlake, TX 76092	- 10	5 1 (0 1 1 1	<u></u>		
8	CPA	pation / Job title (See Instructions)	9	Employer (See Instructions DFO	5)		
	Date 01/25/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 01/25/2024	Full name of contributor out-of-state PAC TREPAC Contributor address; City; State; Zip Code Austin, TX 78768	C (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 01/25/2024	Full name of contributor out-of-state PAC Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	c			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 01/25/2024	Full name of contributor out-of-state PAC Texas Consumer Lenders PAC Contributor address; City; State; Zip Code Dallas, TX 75201	C (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHE	DULE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A Sch: 5/5 Rpt: 8/26	A1:
2	FILER NAME Capriglione,	Giovanni S. (The Honorable)			3	Filer ID (Ethics Comm 00065973	nission Filers)
4	Date 01/20/2024	01/20/2024 Texas House Republican Caucus PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution	(\$) \$1,000.00
8	Principal occu	Austin, TX 78711 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u> S)		
	Date 01/20/2024	Full name of contributor Upperman, Maria Contributor address; City; S Southlake, TX 76092	out-of-state PAC (ID#:_		•	Amount of Contribution	(\$) \$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date 01/16/2024	Full name of contributor mcwilliams, Chalmer Contributor address; City; S North Richland Hills, TX 7				Amount of Contribution	\$100.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>l</u> S)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/26				
2 FILER NAME Capriglione.	Giovanni S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065973				
4							
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description				
01/11/2024	Associated Republicans of Texas Campaign Fur	nd 	\$67.00 Digital Advertising				
	7 Contributor address; City; State; Zip Code						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>					
	,						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
01/25/2024	Dade Phelan Campaign		contribution (\$) description \$14,750.00 Polling				
	Contributor address; City; State; Zip Code		414,730.0011 dilling				
	Austin, TX 78763		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	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
12							
It contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
01/10/2024	Texans for Lawsuit Reform PAC		contribution (\$) description \$14,750.00 Polling				
	Contributor address; City; State; Zip Code		, , , , , , , , , , , , , , , , , , ,				
			į				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
23301010							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 1/16 Rpt: 10/26	Capriglione, Giovanni S. (The Honorable) 00065973					
4	Date	5 Payee name					
	01/22/2024	Alpha A Enterprises, LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	2023 Foxborough Dr					
		Eagle Pass, TX 78852					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Video/Photo/Filming					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	⊣					
	Date	Payee name					
	01/23/2024	Amazon Marketplace					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$119.05	410 Terry Avenue N					
		Seattle, WA 98109					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense Lighting/Green Screen for Digital Ads					
		Eighting/Oreen Screen for Digital Ads					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	Date	Payee name					
	01/12/2024	Amazon Marketplace					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$354.00	410 Terry Avenue N					
		Seattle, WA 98109					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Toner for Campaign Office Printer					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol						

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	a category not listed abo	ve)
			The Instruction Guide	e explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER I	NAME				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/16 Rpt: 11/26	Caprig	lione, Giovanni S. (The	Honorable)				00065973		
4	Date	5 Payee r	name							
	01/07/2024	Best B								
6	Amount (\$)	7 Payee a	address; City;	State; Zip Co	nde					
ľ	\$514.12		W STATE HWY 114	Ottato, 2.p 00	,					
	70222	1010								
		Crana	ino TV 76051							
		•	vine, TX 76051							
8	PURPOSE OF		(See Categories listed at the t		(b)	Description				
	EXPENDITURE	Office	Overhead/Rental Expe	nse				de of Texas. Con officeholder livin	nplete Schedule T.	
						Digital Came				
						9			T)	
9	Complete ONLY if direct	Candidat	e/Officeholder name	Office sou	l Iaht			Office h	eld	
ľ	expenditure to benefit C/OI		o/omodificati name	011100 000	·9···			01110011	olu	
\vdash	Date	D								
	01/12/2024	Payee r	iame aign Sidekick, LLC							
	Amount (\$)		address; City;	State; Zip Co	oae					
	\$500.00	1515 /	W STATE HWY 114							
		Cheye	nne, WY 82001							
	PURPOSE OF	(a) Catego	(See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Softwa	re App for Blockwalking	9				de of Texas. Con officeholder livin	nplete Schedule T.	
						Canavassing				
						eaa.raeeg	, ,	p .c. 5.66.		
-	Complete ONLY if direct	Candidat	e/Officeholder name	Office sou	l Iaht			Office h	eld	
	expenditure to benefit C/OI				·9···					
-	Date	Dovos	2000							
	01/22/2024	Payee r	l Gift Shop							
				Otata Zia Oa						
	Amount (\$)	,	address; City;	State; Zip Co	oae					
	\$373.46	1400 N	I. Congress Avenue							
		Austin,	TX 78701							
	PURPOSE OF		(See Categories listed at the t		(b)	Description				
	EXPENDITURE		outions/Donations Made late/Officeholder/Politic			ш		de of Texas. Con officeholder livin	nplete Schedule T.	
		Candic	iate/Officeriolder/Politic	ai Committee		Donation to K				
						_ 0				
	Complete ONLY if direct	Candidat	e/Officeholder name	Office sou	L ıaht			Office h	eld	
	expenditure to benefit C/OI			255 500	g			20011		
\vdash										
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	1 0	
	Sch: 3/16 Rpt: 12/26	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
L	01/09/2024	Einstein Bros Bagels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.29	751 Keller Parkway
		Keller, TX 76248
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		1
	Date	Payee name
	01/22/2024	FNG Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.62	201 Town Center Ln
		#1101
		Keller, TX 76248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	pod.taro to boriont 0/01	
	Date	Payee name
L	01/25/2024	Fiverr.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.26	460 Park Avenue South
L		New York, NY 10022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphics files/Image Editing/Invitation Creation
		Graphics mes/image Eutling/invitation Cleation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/16 Rpt: 13/26	Capriglione	, Giovanni S. (The Ho	onorable)				00065973	
4	Date	5 Payee name							
	01/19/2024	Fiverr.com							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$108.20	460 Park A	venue South						
		New York, I	NY 10022						
8	PURPOSE OF		ee Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			므		de of Texas. Com officeholder living	nplete Schedule T.
						Graphics for (g oxponed
						•			
9	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office so	l ught			Office he	eld
	Date	Payee name							
	01/08/2024	Fort Worth	Club						
	Amount (\$)	Payee addre	ss; City;	State: Zip C	ode				
	\$8.00	306 W 7th 9	-	, ,					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		Fort Worth,	TX 76092						
	PURPOSE OF		ee Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse			_		de of Texas. Com officeholder living	nplete Schedule T.
						Parking	, .,,,		g oxponed
						J			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office h	eld
	•								
	Date	Payee name							
	01/02/2024	Google							
	Amount (\$)	Payee addre	•	State; Zip C	ode				
	\$12.79	1600 Amph	itheatre Pkwy						
		Mountain V	iew, CA 94043						
_	PURPOSE				(h)	Description			
	OF	Advertising	ee Categories listed at the top o	f this schedule)	(0)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Auvertising	Ехрепзе					officeholder living	
						Gsuite			
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 14/26	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/08/2024	Grapevine Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$540.00	200 Vine Street
		Grapevine, TX 76051
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Grapevine Chamber Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	4
	Date	Payee name
	01/09/2024	Greater Keller Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	420 Johnson Rd
		Ste 301
		Keller, TX 76248
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sponsorship of Chamber Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Power name
	01/23/2024	Payee name Impact Signs & Graphics
	Amount (\$) \$371.30	Payee address; City; State; Zip Code 541 Industrial Blvd
	Ψ311.30	341 maasma biya
		Grapevine, TX 76051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Stakes for Yard Signs
	0 1: 0.11.4" "	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Co		Gift/Awards/Memorials Legal Services The Instruction G	s Expense		pens ages	e /Contract Labor		Travel Out of D OTHER (enter		above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 6/16 Rpt: 15/26		Capriglione,	Giovanni S. (T	he Honorab	ile)				00065973		
4	Date	5	Payee name									
	01/23/2024		JP Morgan	Chase								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.00		1700 E Sou	thlake Blvd								
			Southlake, ⁻	ΓX 76092								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=			mplete Schedule T.	
								Wire Fee	i, IX,	officeholder livin	ig expense	
								vviic i cc				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	thr			Office h	ield	
ľ	expenditure to benefit C/OI		Sarraraato, Omi	ocholael hame	<u> </u>	moo oou	9.11			01110011	ioid	
	Date	Π	Payee name									
	01/23/2024		Kindred Cof	fee Co.								
	Amount (\$)	H	Payee addres		State:	Zip Co	de					
	\$21.11		8700 N Tarr		Otato,	Z.p 00	40					
	Ψ21.11		07001111	ant r Rwy								
			North Richla	and Hills, TX 76	182							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Cor officeholder livin	nplete Schedule T.	
								Constituent M			ig expense	
										3		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/10/2024		Lawson Stra	ategies, LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$162.38		1115 Kinney	y Avenue								
			Unit 5									
			Austin, TX 7	78704								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting I	Expense				ш			mplete Schedule T.	
	EXI ENDITORE									officeholder livin		
								Design Work	- IV	iayazine A	u	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	0	Office sou	thr			Office h	ield	
	expenditure to benefit C/O		Janaidato/OIII	contract name	O	300(9.11			Office II		
Eor	me provided by Texas F	thic	e Commissi	n 14	MANA Othics s	tato ty u					Version V2 F	1 0000c47f

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi Candidate/Officeholder/Political Committee Le

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/16 Rpt: 16/26	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 01/10/2024	5 Payee name Lawson Strategies, LLC
	Amount (\$) \$757.75	7 Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Animated Advertisement Design Service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/10/2024	Payee name Lawson Strategies, LLC
	Amount (\$) \$13,687.76	Payee address; City; State; Zip Code 1115 Kinney Avenue Unit 5 Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising Buy #1
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/18/2024	Payee name LinkedIn
	Amount (\$) \$75.76	Payee address; City; State; Zip Code 1000 W Maude Ave
		Sunnyvale, CA 94085
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Linkedin Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/16 Rpt: 17/26	Capriglione	e, Giovanni S. (The Ho	onorable)				00065973		
4	Date	5 Payee name	•							
	01/01/2024	Lone Star I	Executive Suites							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$1,157.00	312 W Nor	thwest Hwy							
L		Grapevine,	TX 76051							
8	PURPOSE OF	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expense)		=		de of Texas. Com , officeholder living	plete Schedule T.	
						Campaign	, 170	omeenolder hving	у схренос	
						1 3				
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	•							
	01/03/2024	Meat U An	ywhere BBQ							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$36.80	919 W Nor	thwest Hwy							
		Grapevine,	TX 76051							
	PURPOSE	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Campaign Lu			у схрепас	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name	1							
	01/11/2024	Meat U An	ywhere BBQ							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$36.80	919 W Nor	thwest Hwy							
		Grapevine,	TX 76051							
	PURPOSE OF	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living	plete Schedule T.	
						Cmapaign Lu			j experise	
						apaigii Eu		. -		
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OH									
H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/16 Rpt: 18/26	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 01/09/2024	5 Payee name Office Depot
6	Amount (\$) \$153.70	7 Payee address; City; State; Zip Code 1317 TX-114 West Grapevine, TX 76051
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cable/Toner for Campaign Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/17/2024	Payee name Oshman, Matt
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 238 Bear Hollow Keller, TX 76248
	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 Campaign Work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/08/2024	Payee name Phone.com
	Amount (\$) \$31.03	Payee address; City; State; Zip Code 625 Broad Street #240 Newark, NJ 07102
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voip Phone Line
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/16 Rpt: 19/26	2 FILER NAME Capriglione, Giovanni S. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065973
4	Date 01/02/2024	5 Payee name Piryx Inc
6	Amount (\$) \$2.15	7 Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
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 Fundraising Interchange Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/09/2024	Payee name Piryx Inc
	Amount (\$) \$43.00	Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
	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 Fundraising Interchange Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/10/2024	Payee name Piryx Inc
	Amount (\$) \$43.00	Payee address; City; State; Zip Code 144 2nd St
		San Francisco, CA 94105
	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 Fundraising Interchange Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	· (cine a cinegal) · · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer	D (Ethics Commission Filers)			
	Sch: 11/16 Rpt: 20/26	Capriglione, Giovanni S. (The Honorable)	5973			
4	Date	5 Payee name				
	01/19/2024	Piryx Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2.15	144 2nd St				
		San Francisco, CA 94105				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Te				
		Check if Austin, TX, officeho Fundraising Interchan				
		T undraising merchan	ige i ee			
9	Complete ONLY if direct expenditure to benefit C/O		Office held			
_	Date	Payee name				
	01/19/2024	Piryx Inc				
-	Amount (\$)	Payee address; City; State; Zip Code				
	\$4.30					
	\$ 1.00					
		San Francisco, CA 94105				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Te				
		Fundraising Interchan				
			.go . co			
	Complete ONLY if direct	Candidate/Officeholder name Office sought C	Office held			
	expenditure to benefit C/O					
_	Date	Payon namo				
	01/19/2024	Payee name Piryx Inc				
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 144 2nd St				
	φ4.30	144 210 31				
		Con Formaine OA 04105				
		San Francisco, CA 94105				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	0 1 0 1 1 7			
	EXPENDITURE	Fees Check if travel outside of Te				
		Fundraising Interchan				
			-			
	Complete ONLY if direct	Candidate/Officeholder name Office sought C	Office held			
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·			
	Sch: 12/16 Rpt: 21/26	Capriglione, Giovanni S. (The Honorable) 00065973			
4	Date	5 Payee name			
	01/19/2024	Piryx Inc			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.75	144 2nd St			
		San Francisco, CA 94105			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Fundraising Interchange Fee			
Ļ	Operation ONLY if allowed	Open Fight to 100% as health as a second of the second of			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
_					
	Date	Payee name			
	01/19/2024	Piryx Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.50	144 2nd St			
		San Francisco, CA 94105			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fundraising Interchange Fee			
		Fundraising interchange Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date				
	Date	Payee name			
	01/20/2024	Piryx Inc			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.08	144 2nd St			
		San Francisco, CA 94105			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Fundraising Interchange Fee			
		T differentially interesting to each			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H					
l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 13/16 Rpt: 22/26	Capriglione, Giovanni S. (The Honorable) 00065973				
4	Date	5 Payee name				
	01/20/2024	Piryx Inc				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$4.30	144 2nd St				
		San Francisco, CA 94105				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Fundraising Interchange Fee				
		r unurusing interestange i ee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	-				
	Date	Payee name				
	01/25/2024	Piryx Inc				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.15	144 2nd St				
		San Francisco, CA 94105				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Fundraising Interchange Fee				
		r unurusing interestange i ee				
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	y				
	Date	Payee name				
	01/07/2024	Raconteur Media Company				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$212.40	1717 West Sixth Street				
		Suite 215				
		Austin, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Email Newsletter				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Supplication to Soliton Of Ori					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 23/26	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/03/2024	STAPLES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.45	200 North Kimball Avenue
		#221
		Southlake, TX 76092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ink Toner
L		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/05/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$567.96	2702 Love Field Dr
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flight Expense to NCSL
		T light Expense to Nest
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	01/09/2024	Payee name Staples Inc
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.55	200 N Kimball Ave
		#200
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paper/Envelopes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 15/16 Rpt: 24/26	Capriglione, Giovanni S. (The Honorable) 00065973			
4	Date	5 Payee name			
	01/18/2024	The Feedstore BBQ			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$214.22	530 S White Chapel Blvd			
		Southlake, TX 76092			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Lunch for Southlake Kiwanis			
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
_	Date	Payee name			
	01/25/2024	The Mail Room			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,800.80	729 Grapevine Hwy			
	ψ3,000.00	723 Grapevine riwy			
		Hurst, TX 76054			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Printing Mailing Political Advertisements for			
		Campaign / Fundraiser			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	01/08/2024	USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$396.00	300 State St			
		Southlake, TX 76092			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Stamps/Shipping			
		Statilps/Shipping			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/16 Rpt: 25/26	Capriglione, Giovanni S. (The Honorable) 00065973
4	Date	5 Payee name
	01/02/2024	Vista Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.17	95 Hayden Avenue
		Lexington, MA 02421
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Envelopes
		Campaign Envelopes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Date	Payee name
	01/02/2024	Your New Neighbor
	Amount (\$)	Payee address; City; State; Zip Code
	\$515.00	10 N Caddo ST
		PMB 191
		Cleburne, TX 76031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Leaving Material at New Movers Homes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
1		

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

		LE	

The Insti	ruction C	Guide explain	1	Total pages Schedule T: Sch: 1/1 Rpt: 26/26		
2 FILER NAME					3	Filer ID (Ethics Commission Filers)
Capriglione, Giovanni S. (The Honorable)						00065973
4 Name of Contribute	or / Corpora	ation or Labor Or	ganization / Pledgor /Pay	/ee		
Southwest Airlin	es					
5 Contribution / Expe	enditure rep	oorted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D X Schedule F1
Schedule F2	느	Schedule F4	Schedule G	Schedule H		Schedule COH-UC
						<u> </u>
6 Dates of Travel		of person(s) trave	eiing			
		lge, Katy				
			of departure location			
01/10/2024	Austin					
			e of destination location			
01/13/2024	Las Ve					
10 Means of transport			ravel (including name of			
Commercial Airp	olane ————	Staff @ Na	tional Conference Sta	te Legislature: Al, Pri	ıvad	cy, Cybersecurity